

FILED APR 8 1942
Registration District No. 395

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 22 Days
(Specify whether in this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 047
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 3833 South Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Thelma M. Thomas Korb

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Joseph F. Korb 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased August 23, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 30 6 28
29 hr. min.

9. Birthplace Marion Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER { 12. Name Simon R. Thomas
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Nora Barker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph F. Korb
(b) Address 3833 South Benton

17. (a) Burial (b) Date thereof Mar. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 3/22/42 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1942 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 1
1942 to March 21 1942
that I last saw her alive on March 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Salmon Pneumonia
Due to Streptococcus infected

Due to 108
Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: -----
Of operations -----
Of autopsy Salmon pneumonia
PHYSICIAN -----
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -----
(b) Date of occurrence -----
(c) Where did injury occur? ----- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature Edward (M. D. or other) 0
Address 3850 Prospect Date signed 3-21-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

049
88

36

3850 Broadway Avenue
5-6-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. Hervey Quisenberry*
Licensed Embalmer No..... *40706*
P. O. Address..... *A.C. mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.