

FILED MAY 14 1942

State File No.

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Robert Corwin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Sept, 28, 1925
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>6</u>	<u>10</u>hr.min.

9. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business None

MOTHER FATHER

12. Name George R Corwin

13. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Robinson

15. Birthplace Iola Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant George R Corwin

(b) Address 821 Clinton St. Carthage Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof April, 12, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) April 11, 1942 (Date received local registrar)

(b) Elizabeth Couplin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 821 Clinton St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2 PM
4-7 1942 to 7:30 PM 4-8, 1942
that I last saw him alive on 4-8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus Septicemia

Duration 3-4 days

Due to Carbuncle

1 wks

Due to.....

Other conditions (Include pregnancy within 3 months of death) 24a

Major findings: Of operations.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

Of autopsy.....

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 Russell Smith (M. D. or other) M.D.

Address Carthage, Mo. Date signed 4-10-42

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 *John D Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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.