

Registration District No. 179

Primary Registration District No. 4083

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Cleveland Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Cleveland Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GOLDMAN HARVEY COREY

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine J. Corey 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Dec. 10 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 5 If less than one day
hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER { 12. Name William L. Corey
13. Birthplace Watertown New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Epperly
15. Birthplace Uniontown Pa
(City, town, or county) (State or foreign country)

16. (a) Informant Lone Weaker

(b) Address Peelior Mo

17. (a) Burial (b) Date thereof July 17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland Cemetery

18. (a) Signature of funeral director W. G. Myers

(b) Address Cleveland Mo

19. (a) July 31/42 (b) Margaret Walle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25
1942 to July 15 1942
that I last saw him alive on July 15
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to.....

Due to.....

Other conditions Acute Dehydration Head
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy.....
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 D

23. Signature Martin V. Robbins (M. D. or other) MD
Address Peelior Mo Date signed 7/16/42

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

19
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1047

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..... *Geo. E. Myers*

Licensed Embalmer No. *2517*

P. O. Address..... *Cleveland, 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.