

FILED AUG 27 1942

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 346

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 Yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 1453 Perkins
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Corbus

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ (c) Social Security No. 491-01-5909

20. DATE OF DEATH: Month Aug day 15th year 1942 hour 11 minute 30 P.M.

4. Sex Female 5. Color or race White

21. I hereby certify that I attended the deceased from 8-5-42 1942 to 8-15-42 1942

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

that I last saw h. alive on 8-15-42 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 13th 1901
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>2</u>	_____ hr. _____ min.

Due to Myocardial infarction

9. Birthplace Joplin, Mo.
(City or town, or county) (State or foreign country)

Due to Thyroid (acute toxic)

10. Usual occupation Furniture Worker

Due to pulmonary edema

11. Industry or business Meller Shirt Factory

Other conditions _____
(Include pregnancy within 3 months of death)

12. Name Samuel Corbus

Major findings: Hypertension

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

Of operations _____

14. Maiden name May Deje

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Sella Smith

(a) Accident, suicide, or homicide (specify) _____

(b) Address 110 Maiden Lane

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 8 18 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Peace Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Parker Hunsaker

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

(b) Address 1502 Joplin

23. Signature Edmet Johnson (M. D. or other) _____
Address 524 27 Thras Date signed 8/17/42

19. (a) 8-17-42 (b) Gutend Sudhorst
(Date received local registrar) (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

339
24/42

42-7-672

SEP 8 1948

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.