

FILED DEC 5 1942

Registration District No. _____

Primary Registration District No. **2000**

Registrar's No. **821**

39
2
6

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1401 N. Johnston /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 N. Johnston
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HALLIE MAY CORBIN

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

4. Sex female / 5. Color or race White / 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Lawrence Corbin 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 18, 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Adair Co., Kentucky /
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business none

12. Name Arch Wommack
13. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Nora Compton
15. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Corbin
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 11/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill
Fred C. Thieme

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 11-16-42 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 22, 1942 to Nov 15, 1942
that I last saw her alive on Nov 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Buriosis of liver Duration 1 yr

Due to undetermined

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 124 p
Of operations ✓
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 _____

23. Signature Don H. Staley (M. D. or other) _____
Address Springfield Mo Date signed 11/16/42

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.....
R.H. Lume

Licensed Embalmer No. 3381

P.O. Address Springfield, 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.

X