

FILED DEC 28 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4739

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Miss Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5207 Independence Ave.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community..... 11 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson
 (c) City or town..... Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5207 Independence Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... No..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT

FULL NAME HORACE EDWARD CORVACK

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

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife..... Nellie Rose 6. (c) Age of husband or wife if alive..... 52 years
 7. Birth date of deceased..... Jan. 21, 1888
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>26</u>	hr. min.

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

10. Usual occupation..... Accountant

11. Industry or business..... Self

MOTHER FATHER { 12. Name..... Robert Cormack
 13. Birthplace..... Pa.
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Lucy Carter
 15. Birthplace..... Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Nellie Rose Cormack
 (b) Address..... 5207 Indep. Ave.,

17. (a) Removal (b) Date thereof..... Dec. 19, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Salina, Kansas

18. (a) Signature of funeral director..... C. H. Blackman & Son, Inc.

(b) Address..... Kansas City, Mo.

19. (a) 12/19/42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 17
 year..... 1942 hour..... 3 minute..... 45 P.M.

21. I hereby certify that I attended the deceased from.....
Aug. 19, 1942 to..... Dec. 17, 1942
 that I last saw him alive on..... Dec. 17, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Oedema of Lungs Duration..... 2 days

Due to..... Carcinoma of Prostate with metastases to Liver, Lungs and Kidneys 1 year

Other conditions..... Chronic Nephritis 2 years
 (Include pregnancy within 3 months of death)

Major findings: SIB PHYSICIAN.....
 Of operations..... No Operation
 Of autopsy..... No Autopsy
 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?.....

(Specify type of place)
 Made at work?..... (b) Means of injury.....

23. Signature..... Engelma Corbary (M. D. or other).....
 Address..... Bryant Bldg. Date signed..... 12/19/42

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

Signature

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 *W D Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R E Ma*

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.