

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9960

State File No. \_\_\_\_\_

ED MAR 24 1945 73

Primary Registration District No. 3014

Registrar's No. 24

1. PLACE OF DEATH:  
(a) County Clay Liberty  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Willis Corum  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bertrude Shibley 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Sept 13 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name James Corum  
13. Birthplace Clay Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Pence  
15. Birthplace Clay Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Freddie Corum  
(b) Address Kearney Mo  
17. (a) Burial (b) Date thereof 3-13-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Leonard Fay  
(b) Address Kearney Mo  
19. (a) March 19 1945 (b) Helene Early  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Clay  
(c) City or town Kearney Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10<sup>th</sup>  
year 1943 hour \_\_\_\_\_ minute P. M.  
21. I hereby certify that I attended the deceased from May 1943 to Mar 10 1943  
that I last saw him alive on Mar 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esophagus Duration 9mo  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 460  
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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Guustaudron (M. D. or other) MD  
Address Liberty Mo Date signed 3/10/45

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X1951

RECEIVED

District Health Officer No. 8,

3-24-43

77095

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 *Leonard Fay*.....

Licensed Embalmer No. *1677*.....

P. O. Address *Kearney 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, above space should be left blank.