

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
3819 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mattie Trice Corington,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife J. W. Corington, Dec

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

7. Birth date of deceased June 10 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 10 0 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER, FATHER {

12. Name Samuel S. Trice,

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

14. Maiden name Fannie E. Miner,

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

16. (a) Informant Mrs. E. R. Thompson,

(b) Address 3819 Baltimore, Kansas City, Mo.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 4-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Gower, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo

19. (a) 4-10-43
(Date received local registrar)

(b) M M Crowe
(Registrar's signature)

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. 3819 Baltimore,
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1943 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 6-13-1923,
to April 10, 1943
that I last saw her alive on April 8, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro Vasculor Disease -

Due to hypertension - 200 to 25
high as 270

Due to 8301

Other conditions Arteriosclerosis & atherosclerosis
(include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

Duration

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) no

(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. Corbett Alex Myers (M. D. or other)

Address 815 Shirkort Bldg, Kansas City Date signed 4/10/43

Dr. W. A. Myers

Other Name of Body

MAY 30 1943

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 _____

Licensed Embalmer No. 1415

P. O. Address 14 C. W. J.

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.