No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 17837

Registrar's No. 367

1. PLACE OF DEATH: GREENE
(a) County _____
(b) City or town Springfield, ~~Missouri~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 434 West Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether years, months or days)
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield, Missouri 6
(If outside city or town limits, write "RURAL")
(d) Street No. 434 West Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME Lillie H. Corum
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
6. (b) Name of husband or wife ~~Harry F.~~ Corum
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January (Month) 31 (Day) 1870 (Year)

8. AGE: Years 73 | Months 3 | Days 5 | If less than one day ---- hr. ---- min.

9. Birthplace Marengo (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Wife
11. Industry or business ----------
12. Name Mathias Harper
13. Birthplace Marengo (City, town, or county) Indiana (State or foreign country)
14. Maiden name Prudence Catlin
15. Birthplace Marengo (City, town, or county) Indiana (State or foreign country)
16. (a) Informant James J. Corum
(b) Address 434 W. Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville.
19. (a) 5-17-43 (Date received local registrar) (b) R. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION 6

20. DATE OF DEATH: Month May day ~~XXXX~~ year 1943 hour Twelve minute 55P. M.
21. I hereby certify that I attended the deceased from Dec. 2, 1942, 19..., to May 6, 1943, that I last saw her alive on May 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Adenocarcinoma of the bile duct
at ampulla vater
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy adenocarcinoma, as above

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 Leslie R. Webb (M. D. or other)
Address 700 Medical Arts Bldg. Date signed 5/17/43

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1948

JUL 23 1948

JUL 16 1948

JUN 3 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.....Fred C. Thieme.....

Licensed Embalmer No.....2899.....

P. O. Address.....Springfield, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene

State File No.
Local Registrar's No. 367

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28 day of June, 1943, before me appears James J. Corum, who, upon oath, states that the original record of ~~birth~~ death for Lillie N. Corum, ~~born~~ died May 6, 1943, in the State of Missouri, and which was filed at Springfield on May 17, 1943, should be corrected as follows:

Item No. 6b should read James J. Corum
Instead of Harry F. Corum

Item No. 3a should read Lillie H. Corum
Instead of Lillie N. Corum

Item No. 17b should read May 9, 1943
Instead of May 16, 1943

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James J. Corum - Husband
Relationship.

4334 N. Locust - Springfield Mo
Present Address

Subscribed and sworn to before me this 28 day of June, 1943

My Commission expires My commission expires Sept. 3rd, 1944

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
I X32339

JUL 16 1943
JUL 12 1943
JUL 23 1943

S-17837