

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

FILED SEP 10 1943

128

2000

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **GREENE**

(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: **Springfield Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 Days**
(Specify whether)

In this community **19** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**

(c) City or town **Marionville, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **Convey M. Corwin**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **26**
year **1943** hour **4** minute **20 P.** M.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Henry Corwin**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Dec 24 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 7** 1943, to **Aug 26** 1943
that I last saw her alive on **Aug 26** 1943
and that death occurred on the date and hour stated above.

8. AGE: Years **56** Months **8** Days **2**
If less than one day **hr. min.**

Immediate cause of death **Post Operative Abdominal Strangulated Hernia**

Due to **✓**

Due to **✓**

9. Birthplace **Warrington Mo.**
(City, town, or county) (State or foreign country)

Other conditions **✓**
(Include pregnancy within 3 months of death)

Duration **17 1/2 hr**

10. Usual occupation **Housewife**

PHYSICIAN

Major findings: **Strangulated Hernia**

Of operations **Strangulated Hernia**

Of autopsy **Strangulated Hernia**

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **Herman Parks**

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

14. Maiden name **Augusta Dietz**

15. Birthplace **Warrington Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Husband Henry Corwin**

(b) Address **Marionville, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-29-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Warrington Mo.**

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Arthur G. Belue**

(b) Address **Warrington, Mo.**

19. (a) **8-27-43** (Date received local registrar)

(b) **W. H. Handley** (Registrar's signature)

While at work? **✓** (Specify type of place)

(c) Means of injury **Strangulated Hernia**

23. Signature **W. H. Handley** (M. D. or other)

Address **Springfield Mo.** Date signed **8-26-43**

FEB 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Richard D. Erwin
Licensed Embalmer No. 3092
P. O. Address Palmar, 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