

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35398

FILED NOV 12 1943

Registration District No. 251

Primary Registration District No. 3045

Registrar's No. 158

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
504 South Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Nodaway 074

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 504 So. Main St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Carrie Almata Corwin
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles E. Corwin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>		<u>7</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business Timothy Jayne

12. Name Timothy Jayne Ohio

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

14. Maiden name Elizabeth Pope

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

16. (a) Informant Miss Mae Corwin

(b) Address Maryville Mo.

17. (a) burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Miss General Home

(b) Address Maryville Mo.

19. (a) 10-12-43 (b) Miss Barber
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 1942
1942 to Oct 10 1943
that I last saw her alive on Oct 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 yr

Due to General arteriosclerosis (altho)

Due to _____

Other conditions 82a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Bloomer (M. D. or other) _____

Address Maryville Mo. Date signed 10/11/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

1569

(Licensed Embalmer's Statement on Reverse Side)

06

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. M. Lee

Licensed Embalmer No.

2539

P. O. Address

Marionville 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.