

Registration District No. 149 Primary Registration District No. 1002

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edna A. Corbett
3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-9427

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James R. Corbett 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 6 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 8 If less than one day
hr. min.

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

10. Usual occupation Cook Central Boarding & Supply Co

11. Industry or business _____

12. Name Charles Collins

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

14. Maiden name Margaret Alexander

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

16. (a) Informant Mr. James R. Corbett
(b) Address 1800 Penn

17. (a) Burial (b) Date thereof 12-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elimwood

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 12-17-43 (b) D. E. Brown
(Date received local registrar) (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. 1600 Penn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1943 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from November 18 1943 to December 14 1943
that I last saw her alive on December 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia and Cardiac decompensation
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See 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? _____

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

23. Signature D. E. Brown (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 12-14-43

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

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 Ralph W. Rinnell

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.