

FILED MAR 13 1944

Registration District No. 137

Primary Registration District No. 3028

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3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
821 Clinton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 73 years
(Specify whether years, months or days)
 In this community 73 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 821 Clinton
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country - - -

3. (a) PRINT FULL NAME George Douglas Corwin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Belle Corwin 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased January 4 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>1</u>	<u>16</u>	<u>hr. min.</u>

9. Birthplace Pike County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name George Corwin

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

14. Maiden name Lydia McCollister

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

16. (a) Informant Mrs. G. D. Corwin

(b) Address 821 Clinton, Carthage, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
Carthage, Missouri

(b) Address _____

19. (a) Feb. 21 '44 (b) E. Elizabeth Corwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 20 day _____ year 1944 hour _____ minute 1:00 P.M.

21. I hereby certify that I attended the deceased from Dec 1943, 19____, to Feb 19, 44, 19____; that I last saw him alive on Feb 20, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chor. myocarditis Duration years

Due to _____

Due to _____

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature W. E. Boyd (M. D. or other) _____

Address Carthage, Mo. Date signed 2-21-44

44-2-197

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..... *Emm R. Knell*.....

Licensed Embalmer No. *391*.....

P. O. Address..... *Carthage*.....

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.