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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21226

FILED JUL 10 1944

Registration District No. 4

Primary Registration District No. 4066

Registrar's No. 30

1. PLACE OF DEATH:

(a) County CALDWELL

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

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

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

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME LEWIS CLYDE CORBETT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband~~ or wife MAUDE CORBETT

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased AUGUST (Month) 22 (Day) 1879 (Year)

8. AGE: Years 65 X Months 6 Days 25 If less than one day hr. min.

9. Birthplace BAKERSVILL (City, town, or county) OHIO 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JAMES M CORBETT
13. Birthplace BAKERSVILL (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name LOUISA ZINKON
15. Birthplace WINESBURG (City, town, or county) OHIO 1 (State or foreign country)

16. (a) Informant Laurel Corbett
(b) Address Kingston Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 19 (Day) 1944 (Year)
(c) Place: burial or cremation Kidder Mo.

18. (a) Signature of funeral director
(b) Address KINGSTON, MO.

19. (a) June 5 44 (Date received local registrar) (b) Corrienne Lazett Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17, year 1944 hour 1.30 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 23, 1944 to Mar. 16, 1944 that I last saw him alive on Mar. 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	3yrs.
Due to Influenza and Pneumonia. 1941.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92d

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 J. G. Bousman D.O. 2 (M. D. or other)

Address Hamilton, Mo. Date signed Mar 17

96

(Licensed Embalmer's Statement on Reverse Side)

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address KINGSTON, 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.