DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21373

FILED JUL 11 1944

Registration District No. 48

Primary Registration District No. 3014

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Clay

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

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

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

In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 441 N. Grover 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME AMANDA CORUM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jasper J. Corum

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

7. Birth date of deceased Jany (Month) 15 (Day) 1858 (Year)

8. AGE: Years 86 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Solomon Munkins
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sallie Ferrie
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Shirley Bush
(b) Address Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt. Olivet Kearney Mo.

18. (a) Signature of funeral director Church - Archer Co.
(b) Address Liberty, Mo.

19. (a) 6-23-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 22 1944 to June 22 1944 that I last saw her alive on June 22 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cellulitis neck	1 wk
Due to Faulty Dental Oral Hygiene	Ind.
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	Indefinite

Major findings:
Of operations
Of autopsy

152

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 Geo Henderson (M. D. ~~or other~~)

Address Liberty Mo Date signed 6/23/44

9 & 6

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-10-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.