S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27820

Primary Registration District No. 5489

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Harrison

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Gilman City Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sugar Creek Twp.
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE H. CORBIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Feb (Month) 25 (Day) 1865 (Year)

8. AGE: Years 79 Months 6 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Kirksville Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name David E. Corbin
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 0 (State or foreign country)

16. (a) Informant Charlie Corbin
(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gilman Chapel Cemetery

18. (a) Signature of funeral director W. O. H. Gaines
(b) Address Gilman City Mo

19. (a) Aug 31-44 (Date received local registrar) (b) Zola M. Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1944 hour 1 Pm minute ..... M.

21. I hereby certify that I attended the deceased from July 23, 1944, to Aug 3d, 1944, that I last saw him alive on 8-3-1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration .....

Due to Chronic Arteriosclerosis — Duration .....

Due to Chronic nephritis — Duration .....

Other conditions (Include pregnancy within 3 months of death) — Duration .....

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) No

(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 G. A. Stowers M.D. (M. D. or other)
Address Gilman City Mo Date signed 8-8-44

203

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1944

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 W D Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Gilmore 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.