

BUREAU OF THE CENSUS
FILED SEP 10 1944

Registration District No. 217

Primary Registration District No. 5787

State File No. 28312
Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: R#3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Guy Harold Corbin

3. (b) If veteran, name war ----

3. (c) Social Security No. -----

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife Flossie May Corbin

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 1st 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	0	23	hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER {

12. Name John Wesley Corbin

13. Birthplace Villisca Iowa
(City, town, or county) (State or foreign country)

14. Maiden name N.K.

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

16. (a) Informant Flossie May Corbin

(b) Address R#3 Charleston, Mo.

17. (a) (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Charleston, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) (b) 9/1/44 (c) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL.")

(d) Street No. R#3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1944 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 10 1944 to Aug 24 1944
that I last saw him alive on Aug 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

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

Major findings: [Signature]

Of operations

Of autopsy

PHYSICIAN [Signature]

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?

23. Signature [Signature] (M. D. or other)

Address Charleston Mo Date signed 8/30/44

RECEIVED

District Health Office No. 2,

District File Number 944-1214

Date Filed 9-8-44

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

John F. Hummel Jr

Licensed Embalmer No. 3857

P. O. Address

Charleston, 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.