

FILED SEP 26 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community no record  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 709 Washington  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Edmund Corley

3. (b) If veteran, name war. No. 3. (c) Social Security No. no record

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. no record  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 hr. min.

9. Birthplace no record (City, town, or county) (State or foreign country) 9

10. Usual occupation no record

11. Industry or business no record

12. Name no record

13. Birthplace no record (City, town, or county) (State or foreign country) 9

14. Maiden name no record

15. Birthplace no record (City, town, or county) (State or foreign country) 9

16. (a) Informant Gus White  
(b) Address Union City Tenn

17. (a) Removal Removal (b) Date thereof 9/18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union City Tenn  
18. (a) Signature of funeral director Gus White  
(b) Address Union City Tenn  
19. (a) 9-16-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12  
year 1944 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from September 11, 1944 to September 12, 1944.  
that I last saw him alive on September 12, 1944.  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic gangrene of left foot

Due to 98% ✓  
Due to

Other conditions Abscess right thigh (Not TBC)  
(Include pregnancy within 3 months of death)

Major findings: Uremia due to dehydration

Of operations no record  
Of autopsy no record

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? \_\_\_\_\_ (c) Means of injury no record  
23. Signature A. E. Usher (M. D. or other) no record  
Med. Dir. Gen'l Hosp. Date signed 9-13-44

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

MOTHER FATHER

*Bureau copy*

*signed*

*ST*

*ST*

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**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..... *Ray E. [Signature]*  
Licensed Embalmer No. *2566*  
P. O. Address..... *K-C U*

**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.**