

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

**FILED APR 5 1945**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1336**

48  
3  
8

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

**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:  
**415 EAST-72ND TERRACE 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **23 YEARS** years, months or days)

**3. (a) PRINT FULL NAME** **MR. MAYNARD DUANE CORSON**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-07-8814**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MRS. EMILY R. CORSON** 6. (c) Age of husband or wife if alive **50** years  
7. Birth date of deceased **MARCH 24 1897**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**47 11 28** hr. min.

9. Birthplace **GENOA ILLINOIS 1**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **SHIPPING DEPARTMENT MANAGER**

11. Industry or business **SEARS ROEBUCK & CO**

MOTHER FATHER

12. Name **MILTON J. CORSON**  
13. Birthplace **GENOA ILLINOIS 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **EMMA J. PATTERSON**  
15. Birthplace **GENOA ILLINOIS 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emily R. Corson**  
(b) Address **415 E. 72 St. Terrace**

17. (a) **REMOVAL** (b) Date thereof **MAR 24 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **GENOA, ILLINOIS**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**  
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-23-45** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY MO**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **415 EAST-72ND TERRACE**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **3** day **22**  
year **1945** hour **6:30** minute **0** M.  
**21. I hereby certify that I attended the deceased from** **Corson**, 19\_\_\_\_, to\_\_\_\_, 19\_\_\_\_,  
that I last saw h. **alive on** \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Due to **arterio-sclerosis**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **946**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **See History & Inspection**

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **3 Coronary**  
**23. Signature** **James Walker** (M. D. or other)  
Address **11424 Rufus Blvd** Date signed **3-22-45**

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. KC 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.**