S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 18635 5516

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Hopkins

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

(d) Street No. 627 S. Caroline Ave.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harrison Lee Corum

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased October (Month) 11 (Day) 1889 (Year)

8. AGE: Years 55 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Rutledge (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Dairy Worker

11. Industry or business

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

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

16. (a) Informant George Roger Corum
(b) Address R.R. # 10 Evansville, Ind.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Madisonville, Ky.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd

19. (a) JUN 25 1945 (Date received by local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1945 hour 8 minute 35 a. M.

21. I hereby certify that I attended the deceased from May 08, 1945, to June 24, 1945; that I last saw him alive on June 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death acidosis

Due to Hypernephroma of rt. kidney (primary)

Due to

Other conditions Secondary anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operation: 52

Of autopsy Hypernephroma of Right Kidney (primary)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

5516

5516

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 Albert G. Koppe

Licensed Embalmer No. 2971

P. O. Address.....

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.