

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 1275

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 494

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-DAYS
(Specify whether years, months or days)

In this community 23 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 2437 QUINCY
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. VIOLA G. CORWIN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28 TH
year 1946 hour 10 minute 35 AM

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. OLLIE CORWIN

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: MARCH 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/15/46 to 1/28/46

that I last saw her alive on 1/28/46 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
62	9	28	hr. min.

Immediate cause of death: Hypertensive (obn) Pneumonia

Due to: General Carcinomatous 6 in

Due to: Squamous Cell Carcinoma of left foot

9. Birthplace MEMPHIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

Other conditions (Include pregnancy within 3 months of death) 552

Major findings: (Specify study) 1/15/46
Squamous Cell Ca.

Of autopsy as above

MOTHER FATHER { 12. Name ALBERT C. COWELL

{ 13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name CATHERINE MYERS

{ 15. Birthplace MEMPHIS MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Ollie Corwin

(b) Address 2437 Quincy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) REMOVAL (b) Date thereof JAN-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMPHIS MISSOURI

(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?

18. (a) Signature of funeral director D. H. Newcomer's son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-30-46 (b) Steadline Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury On

23. Signature Edward Allen (M. D. or other) 222

Address Poplar Bluff Date signed 1/29/46

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

Preparational Bldg.

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 Ernie 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.