S. No. 2
M—2-43
5-17-39
I X35597

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

3553

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1946

State File No. 4528

Registration District No. 46 — Primary Registration District No. 4030 — Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Golden City 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME JOHN GEORGE KORB

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma L. Korb 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 1 (Day) 1879 (Year)

8. AGE: Years 66 Months 11 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Oberdorf (City, town, or county) Russia (State or foreign country) 0

10. Usual occupation Minister-Retired

11. Industry or business ____

FATHER
12. Name John George Korb
13. Birthplace Russian (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Katherine Kuxliaus
15. Birthplace Russian (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Alma L. Korb
(b) Address Golden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) Jan. 28-1946 (Date received local registrar) (b) Hazel W. Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1946 hour 3 45 minute A. M.

21. I hereby certify that I attended the deceased from November, 1940 to January, 1946 that I last saw him alive on January 23rd, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 min
Due to: Arteriosclerosis	6 years
Due to: of coronary arteries	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations ____
Of autopsy ____

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 Rudolf Kupp (M. D. or other) M.D.
Address Golden City, Mo. Date signed Jan. 28, 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 146-126
Date Filed FEB 26 1946

NOV 1 1946

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 H. F. Pugh

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.