

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20309**

Registration District No. **58** Primary Registration District No. **4089**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Carter**  
(b) City or town **Brandin mo.**  
(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 **47 years** (years, months or days)

3. (a) PRINT FULL NAME **Elizabeth M. Corbin**  
3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_  
4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan. 21 1856**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**91 4 11** hr. min.

9. Birthplace **Marble Hill Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **B.F. Woodfin**

13. Birthplace **Marble Hill mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Leggett**

15. Birthplace **Marble Hill Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rosalie McKinney**

(b) Address **Cape Girardeau Mo.**

17. (a) **Burial** (b) Date thereof **6-5-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Good Hope Cent.**

18. (a) Signature of funeral director **Black - Edwards**

(b) Address **Douglas mo.**

19. (a) **July 17 1947** (b) **Octa Henson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Carter**  
(c) City or town **Brandin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **1**  
year **1947** hour **9** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **May 15 47** to **June 1 47**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia 1 week**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature **Clifford G. Goff** (M. D. or other) \_\_\_\_\_

Address **Douglas** Date signed \_\_\_\_\_

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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

*John Johnson*

Licensed Embalmer No.

*4271*

P. O. Address

*Doniphan, 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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 58

Primary Registration District No. 4089

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Grenadin  
(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 47 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elizabeth M Corbin

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M Color or race W

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased. Jan 2 / 1947 (Month) (Day) (Year)

8. AGE: 91 Years Months Days 91 hr. min. (If less than one day)

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

10. Usual occupation

11. Industry or business

12. Name B. F. Woodfin

13. Birthplace (City, town, or county) (State or foreign country) MO

14. Maiden name Mary Leggett

15. Birthplace (City, town, or county) (State or foreign country) MO

16. (a) Informant Resale McKinnis

(b) Address Cape Girardeau, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery

18. (a) Signature of funeral director Black Edward

(b) Address Lempman, MO

19. (a) July-17-47 Mrs Octa Henson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carter

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

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

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1947 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature Clifford G. Smith (M. D. or other)

Address Lempman, MO Date signed

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

SUPPLEMENTARY

S-20307