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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24132

Registrar's No. 3075

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: CONLEY MATERNITY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 HR. 26 MIN. (Specify whether
In this community — 16 hrs. 26 min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 73

(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")

(d) Street No. — 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GARRY NORMAN CORLEY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 19th (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 16 hr. 26 min.

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

10. Usual occupation — infant

11. Industry or business —

FATHER
12. Name CLEO EDGAR CORLEY
13. Birthplace SEDALIA (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MARY IMOGEAN McCOWN
15. Birthplace NEOSHO (City, town, or county) MO. (State or foreign country)

16. (a) Informant Cleo Edgar Corley
(b) Address Neosho, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Speaks Funeral Home
(b) Address Indep. Mo.

19. (a) 7-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19th year 1947 hour 8 minute 46 A.M.

21. I hereby certify that I attended the deceased from 4:20 am 7-19, 1947, to 7-19-, 1947 that I last saw him alive on 7-19-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Congenital Hydrocephalus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1570

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 2

23. Signature A. H. Cockerell (M. D. or other) D.O.

Address 138 No. Van Brunt Date signed 7-21-47

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley M. Seaton, Registered Apprentice No. 448 working under my personal supervision.

Signed P. R. Speake

Licensed Embalmer No. 3604

P. O. Address Independence, 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.