

FILED JAN 12 1948

Registration District No. **128**

Primary Registration District No. **5466**

Registrar's No. **1930**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Rural, S. Campbell Twp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **OZARK OSTEOPATHIC HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)

In this community **10 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** <sup>39</sup>

(c) City or town **Springfield, Missouri** <sup>2</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. **628 S. Campbell** <sup>6</sup>  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **Charles Corum**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **27th** year **1947** hour **2** minute **20 P. M.**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Nellie Corum**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **January 7, 1898**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 27 1947** to **Dec 27 1947**; that I last saw him alive on **December 27 1947** and that death occurred on the date and hour stated above.

8. AGE: Years **49** Months **11** Days **20** If less than one day **hr. min.**

Immediate cause of death **perforated peptic ulcer**

Due to **perforated peptic ulcer**

Due to

9. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Caterpillar Driver**

11. Industry or business **& Parking Lot Operator**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **129**

Of autopsy

12. Name **Chas. Wm. Corum**

13. Birthplace **Poke County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lyda Curtis**

15. Birthplace **Unknown Kansas**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Nellie Corum**

(b) Address **628 S. Campbell**

17. (a) **Burial** (b) Date thereof **12/30/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **12-30-47** (b) **W. E. Handley MD**  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature **R. A. Michael MD**  
Address **Springfield, Mo.** signed **12-28-47**

---

---

**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..... *Walter E. Hamula* .....

Licensed Embalmer No. *3808* .....

P. O. Address *Springfield, 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.**