S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42171

FILED DEC 26 1947

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 81

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Higginsville 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 this community Most of his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lafayette

(c) City or town: Higginsville Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: Wade Hampton Corbin

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Vernie Brinsfield Corbin

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: June (Month) 12 (Day) 1878 (Year)

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

9. Birthplace: Near Dover, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Richard Corbin

13. Birthplace: Don't Know (City, town, or county) (State or foreign country)

14. Maiden name: Julia Ann Catron

15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Alfred Haefer

(b) Address: Higginsville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville Mo.

18. (a) Signature of funeral director: Alfred Haefer & Sons

(b) Address: Higginsville Mo.

19. (a) Dec 18-1947 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1947 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from Dec 12, 1947, to Dec 13, 1947; that I last saw him alive on Dec 13, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism and thrombosis

Duration

Due to:

Due to:

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

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: Leon F. Greves (M. D. or other)

Address: Higginsville Mo. Date signed 12-15-47

(Licensed Embalmer's Statement on Reverse Side)

REG[illegible]
District Health Offic[illegible]
District File Number
Date Filed 12-26-47

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 Forrest S. Hoefer

Licensed Embalmer No. 4358

P. O. Address Higginsville

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.