

S. No. 300  
DM-10-47  
ev. 5-17-39  
I 3904

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

State File No. 35379

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Nevada

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

(c) Name of hospital or institution Hendricks Real Home - N. Cedar  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days  
(Specify whether years, months or days)

In this community ✓  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 4  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME CLARA CORBIN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1948 hour 9 minute 15p.

21. I hereby certify that I attended the deceased from 9-20, 1948, to 10-22, 1948; that I last saw her alive on 10-20-48; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Jan 20 1878  
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 17 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage

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

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

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

Major findings: Of operations 836

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Morgan Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name J. M. Steele

13. Birthplace Morgan Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Hendrix

15. Birthplace Morgan Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Busley

(b) Address Royal Mo

17. (a) Burial (b) Date thereof 10/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallow Springs, Mo

18. (a) Signature of funeral director Walter Ferguson

(b) Address St. Francis Hosp, Mo

19. (a) 10-28-48 (b) Walter Ferguson  
(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) (c) Means of injury ✓

23. Signature Libraeta Davis (M. D. or other) \_\_\_\_\_

Address Nevada, Mo Date signed 10-23-48

(Licensed Embalmer's Statement on Reverse Side)

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

38  
1  
2

RECEIVED

District Health Officer No: 7

District File Number 10-48-1273

Date Filed 11-3-48

---

---

**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 George W. Hafus

Licensed Embalmer No. 2752

P. O. Address St. Donato Hgts

**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.**