

REC'D AUG 26 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26244

Do not use this space.

## 1. PLACE OF DEATH

(a) County

Platte

(b) Township

Canal

(c) City

(d) Street No.

Registration District No.

696

Primary Registration District No.

5924

Registered No. 13

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Robert Brink Corse 620

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

Salix Iowa

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 19 - 1937

7. AGE

YEARS

0

MONTHS

7

DAYS

24

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)

at home

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Parkville Mo.

FATHER

13. NAME

Howard William Corse

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Mo.

MOTHER

15. MAIDEN NAME

Nelle Mauseere Brink

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Parkville Mo.

17. INFORMANT  
(ADDRESS)Dillard F Brink  
Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Parkville Mo

DATE

July 6 38

19. FUNERAL DIRECTOR  
(ADDRESS)Edward J Francis  
Parkville Mo

20. FILED 7-27 1938

Mo Francis & Munn  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 4 38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Automobile accident on  
Highway # 71 1 1/2 miles  
north of Junction # 171 & 35  
Passenger in car

Other contributory causes of importance:  
Collision with other vehicle

Name of operation

2:10 PM

What test confirmed diagnosis? 27 Date of \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) \_\_\_\_\_  
OWNER

210m  
9.5

STATEMENT BY LICENSED EMBALMER

I, Selaud H Francis, Licensed Embalmer No. 3451

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Selaud H Francis

Licensed Embalmer No. 3451

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.)