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

REC'D AUG 26 1938

26245
Do not use this space.

1. PLACE OF DEATH
(a) County Platte
(b) Township Carrol
(c) City
Registration District No. 696
Primary Registration District No. 5924
Registered No. 14
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Howard William Corse Jr
(a) Residence, No. St. Salix Iowa
(Usual place of abode, if no street address, write county or city) (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) Sept. 9 - 1935
7. AGE Years 2 Months 9 Days 25 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER
13. NAME Howard William Corse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Nellie Maurene Brink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville Mo.

17. INFORMANT (ADDRESS) Dillard F Brink Parkville Mo.
18. BURIAL, CREMATION, OR REMOVAL Walnut Grove Cem. DATE July 6 38
19. FUNERAL DIRECTOR (ADDRESS) Leland W Francis Parkville Mo.
20. FILED 7-27 1938 Mrs Francis E Murray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938
22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Automobile Accident on Highway #71. 1½ miles North of Junction Hwy 35. Passenger in car

Date of onset

Other contributory causes of importance: Collision with other vehicle

21 hrs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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. Fact. Fracture Broken Leg & Arm
Manner of injury and Other internal Injuries
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify Leland W Francis Coroner
(Signed) LELAND W. FRANCIS, M. D. CORONER
(Address) Parkville Mo. Platte County Co. Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Leland 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 Leland 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.)