

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

38366
Do not use this space.

DEC 1 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) or City Kansas City (d) Street No. 4304 Myrtle 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. da.

2. PRINT FULL NAME Elizabeth May Corbin

(a) Residence, No. 4304 Myrtle St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1879

7. AGE YEARS 59 MONTHS 7 DAYS 0 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan.

FATHER 13. NAME John W. Potts

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

MOTHER 15. MAIDEN NAME Mary Nelson

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

17. INFORMANT Lewis G. Corbin
 (ADDRESS) 4304 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Nov. 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster
Kansas City Mo.

20. FILED Nov. 28 1938 M. G. Browne
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938, to Nov 25, 1938

I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at W.P. m.

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

Branchial Pneumonia

Date of onset 11/27/38

10/14

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Phy. Exam 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
 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? No

If so, specify (Signed) John M. Cowese M. D.
 (Address) 3322 1/2 E. 27th St.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.