

DEC 31 1938

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

42555
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway 2 Registration District No. 105
 (b) Township Cole Anderson 1 Primary Registration District No. 2161
 (c) City (d) Street No.
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME JAMES JONES Corbett
 (a) Residence, No. St. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Euphastin Bunes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 17. 5. 38 11. Total time (years) spent in this occupation wellife
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri
 FATHER 13. NAME G. H. Corbett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine
 MOTHER 15. MAIDEN NAME Jane Martin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) James Franklin Corbett Jethetts, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Callaway Cemetery DATE Dec. 29, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maupin 700 Court St. Fulton, Mo.
 20. FILED Dec 28, 1938 W. H. Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937 to Dec. 25, 1938
 I last saw him alive on Dec 9, 1938. 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:
Apoplexy
arteriosclerosis
hypertension
171 palpitation
 Date of onset Dec 25, 1938
 Other contributory causes of importance: chronic nephritis
 Name of operation Date of
 What test confirmed diagnosis? Rhumbert Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify
 (Signed) W. H. Williamson, M. D.
 (Address) Williamson Mo.

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 Dec. 25, 19

....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. Y. Mainpin
Licensed Embalmer No. 2725
P. O. Address Fulton, Mo.

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.