

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.

REC'D JUL 17 1939

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

22418  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Marion Primary Registration District No. 5562  
(c) City Garthage or Garthage (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 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1010 Jay Corby St.  (If nonresident, give city or town and State)  
R. Route 4  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1873

7. AGE YEARS 66 MONTHS 4 DAYS 25 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Lynchburg Co., Ohio (STATE OR COUNTRY)

13. NAME Harry Corby

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

15. MAIDEN NAME Wagner

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

17. INFORMANT (ADDRESS) Mr. Jay Corby  
Route 4, Garthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearborn DATE June 20 1939

19. FUNERAL DIRECTOR (NAME) Knee Mortuary (ADDRESS) Garthage, Mo

20. FILED June 19 1939 E. J. M. Intire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1926, to June 18 1939  
I last saw him alive on June 18 1939 Death is said to have occurred on the date stated above, at 1:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Coronary heart disease  
24  
Other contributory causes of importance: CNS Lesions prior to Aug 1926 (untreated)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) Emory J. McIntire, M. D.  
Garthage Mo (Address)

RECEIVED

District Health Officer No. 6,

District File Number 739-1482

Date Filed JUL 13 1939

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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 F. W. K. Miller

Licensed Embalmer No. 814

P. O. Address Carthage, 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.**