

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5286

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

511

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Northeast Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 hrs.
 (Specify whether
 In this community About 2 yrs.
 years, months or days)

3. (a) PRINT FULL NAME William Jewell Corum3. (b) If veteran, name war No 3. (c) Social Security No. 492-12-41114. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Minnie Jane Brahm 6. (c) Age of husband or wife if alive dec. years7. Birth date of deceased. 4 13 1892
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
47 9 18 hr. min.9. Birthplace Holt Mo
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business XX

MOTHER FATHER
 { 12. Name Jeff Corum
 { 13. Birthplace Kearney, Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Julia Roberts
 { 15. Birthplace Lawson, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Corum(b) Address Hathrop, Mo.17. (a) Burial (b) Date thereof 2/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sanx Antioch Cem. Holt, Mo.18. (a) Signature of funeral director John P. Sheil(b) Address 6606 Indep. Ave. K. C. Mo.19. (a) Feb. 4, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 802 Tracy
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1940 hour 5 minute 21 A. M.21. I hereby certify that I attended the deceased from Jan 30/40
1940, to Jan 31, 1940
that I last saw him alive on Jan 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Bi-lat. Lobar PneumoniaDue to 108

Due to

Other conditions Myocardial Insufficiency
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Olaf Coleman (M.D. or other) _____
Address 2835 Benton Date signed 2/4/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Joe B. Yoder, Registered Apprentice No. # 233
working under my personal supervision.

Signed

J. Sheil
Licensed Embalmer No. # 3625

P. O. Address

K. C. 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.