

FILED MAR 16 1940
704

Registration District No. *704* Primary Registration District No. *5558*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
2121 East 83rd Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 East 83rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years.

3. (a) PRINT FULL NAME Paul Knox Corbett 613

3. (b) If veteran, name war X 8. (c) Social Security No. 513-10-3877

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Mildred H. Corbett 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb. 18 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 7 If less than one day hr. min.

9. Birthplace X Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Glenn M. Corbett
13. Birthplace X Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Knox
15. Birthplace X Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred H. Corbett
(b) Address 2121 East 83rd Street

17. (a) burial (b) Date thereof 2/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mirabile, Missouri

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 3-4-40 (b) Francis Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th year 1940 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1939, to Feb. 25, 1940 that I last saw him alive on Feb. 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Endocarditis
mitral insufficiency
Articular Rheumatism
General Anasarca
Due to 17 yrs.
Other conditions (Include pregnancy within 3 months of death) qd w

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy lv

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?

23. Signature 366 (Specify type of place) While at work? (e) Means of injury
Address PO Box 1220 Date signed 2/26/40

Dr. Alvo Jones
809 Parco
2-5-5

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 *Roscoe Wheeler*

Licensed Embalmer No. *3738*

P. O. Address *R.C. Masonic*

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.