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C23159

FILED SEP 3 1948

State File No. _____

Registration District No. 694 Primary Registration District No. 5921 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte Lee Ave

(b) City or town Farley Rural

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of townships)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Anna Palmer Corbin 615

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Corbin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 9 3 _____ hr. _____ min.

9. Birthplace Owensville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Palmer

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John Corbin

(b) Address Farley, Mo

17. (a) Burial (b) Date thereof Aug. 18, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Mo.

18. (a) Signature of funeral director J. Brill

(b) Address Weston Mo

19. (a) Aug. 17, 40 (b) W. E. Fambro
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Farley Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16

year 1940 hour 2:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 17 to Aug. 15, 1940.

that I last saw him/her alive on Aug. 15 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation 48h.

Due to Leukemia

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

953 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

Signature Arthur Wood (M. D. or other) _____

Address Carroll, Mo. A. Date signed Aug. 18, 1940

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

RECEIVED

District Health Officer No. 11,

District File Number 940-1330

Date Filed AUG 27 1940

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, fact should be so stated above.