

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37686

Registration District No. 399

Priority Registration District No. 1002

Registrar's No. 4284

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4939 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Harry Frances Corrigan

3. (b) If veteran, name war _____ 3. (c) Social Security No. 510-07-4098

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

6. (b) Name of husband or wife Bertreda Corrigan 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 28 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|-----------|------------|----------------------|
| <u>59</u> | <u>4</u> | <u>15</u> | <u>hr.</u> | <u>min.</u> |

9. Birthplace Hannable Mo (City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager

11. Industry or business Wilson Co

MOTHER FATHER { 12. Name Dennis Corrigan

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

14. Maiden name Ann Murray

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

16. (a) Informant Bertreda Corrigan

(b) Address 4939 Walnut

17. (a) _____ (b) Date thereof Nov 15th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Ray E. Davis Mayberry

(b) Address 2315 Walnut

19. (a) 11-12-40 (b) H. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kennett Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4939 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1940 hour 12:00 minute noon P.M.

21. I hereby certify that I attended the deceased from Sept 9 to Nov 8, 1940
that I last saw alive on Nov 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to acute dilatation

Due to 131

Other conditions Chronic Nephritis
(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) None

(b) Date of occurrence Sept 9

(c) Where did injury occur no
(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) (a) Means of injury !

23. Signature Thomas J. Brown (M. D. or other) Address 2315 Walnut Date signed 11/14/40

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

D. E. Snow

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 *Ray E. Snow*
Licensed Embalmer No. 2560
P. O. Address 1807 E. 29th

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.