

FEB 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1309**  
Registrar's No. **269**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
(a) County **Kansas City**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **3608 Genesee**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **About 22 years** (Specify whether years, months or days)  
In this community **About 22 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **3608 Genesee**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULLNAME **Mrs. Claudia V. Corbin**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Benjamin Franklin Corbin** 6. (c) Age of husband or wife if alive **1844**

7. Birth date of deceased **Feb. 16th 1844**  
(Month) (Day) (Year)

8. AGE: Years **96** Months **11** Days **2** If less than one day hr. min.

9. Birthplace **Auburn, Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **James M. Carlton**

13. Birthplace **Miss or Ala.**

14. Maiden name **Mary Jane Wagner**

15. Birthplace **Mass.**

16. (a) Informant **Mrs. Ed M. Bray**

(b) Address **3608 Genesee**

17. (a) **burial** (b) Date thereof **1-21-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dover, Mo.**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**

(b) Address **3311 Broadway**

19. (a) **Jan 20 1941** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18th**  
year **1941** hour **3:40 PM** minute M.

21. I hereby certify that I attended the deceased from **Jan. 10, 1941**  
to **Jan. 18, 1941**  
that I last saw him alive on **Jan. 17, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **bronchopneumonia senility**

Due to **107**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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? While at work? (Specify type of place) (e) Means of injury

23. Signature **Robert S. ...** (M. D. or other) **M.D.**  
Address **919 Diabets Bldg.** Date signed **Jan 20 1941**

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

MOTHER FATHER

Dr. Albert Well  
919 Rietsweg  
1-4  
10th Street

**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.....

working under my personal supervision.

Registered Apprentice No. 377

Signed

*Pascal A. Keeler*

Licensed Embalmer No. 3738

P. O. Address R.C. Mc

**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.**