

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28526
Registrar's No. 124

Registration District No. 400

Primary Registration District No. 555310

4800

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Peru, Mo.

(c) Name of hospital or institution: Jackson County Home for the Aged & Infirm
(If outside city or town limits, with "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 9 yrs 4 mos
In this community 25 years - 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Korobaugh

3. (b) If veteran, name war WW

3. (c) Social Security No. no

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased Jan 10 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Beards, Jackson Co. Home

(b) Address Little Blue, Mo

17. (a) Burial (b) Date thereof 7/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Wagner - Snow

(b) Address 2315 E. 1st St

19. (a) 7-18-41 (b) Dana L. Bane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 048

(c) City or town Kansas city 0
(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.? no 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jul day 18
year 1941 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 3/15 1941 to 7/11 1941
that I last saw er alive on 7/11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration

Due to 93d

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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 Q

23. Signature J. N. Greene (M. D. or other)

Address Little Blue Date signed 7/18/41

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address 1807 East 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.