

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernons 108
(c) City or town Nevada, 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gus J. Corbett

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Frances Clay Corbett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 16, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Marshfield, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Pharmacy

11. Industry or business _____

12. Name Frank Corbett

13. Birthplace New York (City, town, or county) (State or foreign country) 1

14. Maiden name: Martha Johnson

15. Birthplace New York (City, town, or county) (State or foreign country) 1

16. (a) Informant Kenneth C. Corbett
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 6-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marshfield,

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction

Due to Coronary Arteriosclerosis 2
Due to _____

Other conditions chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy H&E

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature M. C. Gentry (M. D. or other) M.D.
Address Ava, Mo. Date signed 6-9-42

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

P

1056

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.

APR 26 1940

Signed W.B. Hutchison
Licensed Embalmer No. 3431
P. O. Address Area 100

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.