

FILED JUN 8 1943
Registration District No. 200

Primary Registration District No. 3041

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(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 _____ (Specify whether _____)

3. (a) PRINT FULL NAME James P. Corrigan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race w

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

6. (b) Name of husband or wife Ella D. Corrigan 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 24 1877
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business _____

12. Name Owen Corrigan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Hangra Healey

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Clyde Pruitt Summing Park

(b) Address California

17. (a) Burial (b) Date thereof 4-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem Macon Mo

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon Mo.

19. (a) 2/11/43 (b) Jora B. Hunkeler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 6/3

(c) City or town Macon 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 7 minutes 00 P. M.

21. I hereby certify that I attended the deceased from April 17 1943 to April 17 1943
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion sudden

Due to Arteriosclerosis 10 yrot

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 94a

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 J. F. Turner (M. D. or other) _____

Address Macon Mo. Date signed 5/11/43

RECEIVED

District Health Officer No. 10

District File Number 6-43-97B

Date Filed JUN 7 1943

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

O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo

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.