

FILED APR 18 1947

Registration District No. 73

Primary Registration District No. 2014

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 Grover St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 32 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clay 24
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Grover St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ROBERT CORUM

3. (b) If veteran, name war none 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nancy Corum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 14 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Smithville (City, town, or county) (State or foreign country) MO

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Corum

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

14. Maiden name Elizabeth Johnson

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

16. (a) Informant Nancy Corum

(b) Address 506 Grover St Liberty MO

17. (a) Burial (b) Date thereof Mar 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville MO

18. (a) Signature of funeral director Chas. Walker Co

(b) Address MO

19. (a) March 19 1947 (b) Tommy Haynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 17
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 16 1947
to March 17 1947

that I last saw him alive on March 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death massive hemorrhage from the stomach Duration 2 days

Due to Ulcer of stomach 15 yrs.

Due to _____

Other conditions: (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) _____

(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 N. P. Schulmacher (M. D. or other) MD

Address Liberty MO Date signed 3-18-47

64 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 477-47

APR 21 1942

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.....

John C. Lombard....., Registered Apprentice No. 400
working under my personal supervision.

Signed Edgar Archer.....

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.