S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34824

FILED OCT 17 1947

Registration District No. ..... Primary Registration District No. 3127 Registrar's No. 150

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 610 South Hall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 999
(c) City or town: Greenfield 11
(If outside city or town limits, write "RURAL")
(d) Street No.: no data 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Roy Corbus
3. (b) If veteran, name war: no data
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: January (Month) 21 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace: Iola (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
12. Name (Father): J. C. Corbus
13. Birthplace (Father): Michigan
14. Maiden name (Mother): Lillie Ostrander
15. Birthplace (Mother): Ohio
16. (a) Informant: Sis. Mrs. Spielman
(b) Address: 610 S. Hall W.C. WEBB CITY MO
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 10/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield, Illinois
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) OCT 7 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1947 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from 10-5, 1947 to 10-5, 1947 that I last saw h. alive on 10-5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NA	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature: W. W. Forbes (M. D. or other) D.O.
Address: Webb City MO Date signed 10-7-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-9-790

APR 2 1948

Faulkner

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 Richard Gray Lewis

Licensed Embalmer No. 14403

P. O. Address Webb City 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.