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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4779
Registrar's No. 918

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KCTB
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Mo - 8 da (Specify whether
In this community 24 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY - MO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 438 S. JACKSON 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORNING, RALPH
3. (b) If veteran, name war no.
3. (c) Social Security No. 487-16-1111
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 3 (Day) 1921 (Year)

8. AGE: Years 26 Months 5 Days 23 If less than one day hr. min.

9. Birthplace LEAVENWORTH - KAN (City, town, or county) (State or foreign country)
10. Usual occupation RADIO OPR
11. Industry or business —
FATHER
12. Name CORNING, O.R.
13. Birthplace HIAWATHA - KAN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name BROSCH, JOHANNA
15. Birthplace OMAHA NEBR. (City, town, or county) (State or foreign country)
16. (a) Informant KCTB
(b) Address KANSAS CITY MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 2-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 26 year 1948 hour 9-55 minute P M.
21. I hereby certify that I attended the deceased from March 18 1947 to Feb 26 1948; that I last saw him alive on 2-26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis pulmonary	18 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 d	
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
23. Signature William David May (M.D. or other) M.D.
Address K.C. 3, Mo Date signed

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

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. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas 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.