S. No. 2
—1/47
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

FILED MAY 20 1948

State File No. 17126

Registration District No. 279 — Primary Registration District No. 3052 — Registrar's No. 136

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital (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) 24 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

(c) City or town: ~~Sedalia~~ (If outside city or town limits, write "RURAL")

(d) Street No.: Leeton (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: JOHN HENRY CORMAN

3. (b) If veteran, name war: none

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: Eunice Haight Corman

6. (c) Age of husband or wife if alive: deceased years

7. Birth date of deceased: April 20, 1873 (Month) (Day) (Year)

8. AGE: Years 75 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Benton County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER
12. Name: Jacob Corman
13. Birthplace: Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine Reif
15. Birthplace: unknown, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. C.S. Reedy (dau.)

(b) Address: Leeton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Duane Ewing

(b) Address: Sedalia, Mo.

19. (a) 5/10/48 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1948 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 7, 1948 that I last saw him alive on May 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: (1) Carcinoma liver

Due to: —

Due to: —

Other conditions: — (Include pregnancy within 3 months of death)

Major findings: Of operations: —

Of autopsy: —

Duration

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: G. W. Grove M.D. (M. D. or other)

Address: Knob Noster, Mo. Date signed: May 10-48

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

[illegible]

[illegible] Health Officer No. [illegible]

District File Number

Date Filed 5-19-48

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 Warren K. Dietze, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.