

Registration District No. 169

Primary Registration District No. 4259

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

1. PLACE OF DEATH:

(a) County Newark Knox
 (b) City or town Newark
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life years, months or days

3. (a) PRINT FULL NAME James Corbin
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henon Corbin 6. (c) Age of husband or wife if alive 91 years
 7. Birth date of deceased Dec 6 1865
 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Milwaukee Wisconsin
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 12. Name Abraham Kowale
 13. Birthplace Holland
 (City, town, or county) (State or foreign country)
 14. Maiden name Chapman
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Luckett
 (b) Address Kay Belle

17. (a) Burial (b) Date thereof Sept 15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kay Belle
 18. (a) Signature of funeral director Thomas Bill
 (b) Address Ewing, Mo

19. (a) Sept. 17-48 (b) Will S. Nunn
 (Date received local registrar) (Registrar's signature) 151

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
 (c) City or town Newark
 (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 Sept day 13th
 year 1948 hour 8 minute A M.
 21. I hereby certify that I attended the deceased from Sept 11 1948 to Sept 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Due to apoplexy
 Duration Sept 1-48
Sept 12
1948

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

Major findings:
 Of operations 93E
 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) (a) Means of injury _____
 23. Signature E O Holmes (M.D. or Other) _____
 Address Novelty, Mo Date signed 9-15-48

6 - 6 6 3
7 - 21
51 - RECEIVED
District Health Officer
District File Number 948-1646
Date Filed SEP 20 1948

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.