FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32030

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1072

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1902 South 13th Str. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1902 South 13th Street (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Andrew Corbett
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: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: October 29, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	11	..... hr. ..... min.

9. Birthplace: Troy Pa. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Labor
11. Industry or business: Union Terminal R.R.
FATHER
12. Name: Dennis Corbett
13. Birthplace: Unknown Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Beckham
15. Birthplace: Unknown Lreland (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Ellen Corbett
(b) Address: 1902 South 13th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/13/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm Sidenfaden
(b) Address: 1802 Union Str. St. Joseph Mo.
19. (a) 10-13-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 38 D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1948 hour 14 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 29, 1948, to Oct 7, 1948; that I last saw him alive on Oct 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ulcer of Stomach (Vs. Carcinoma)	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chr Myocard Senelisy	
Major findings: Of operations	
Of autopsy: 46 B	

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: 0

23. Signature: Frank E. Hardigan (M. D. ~~or other~~)
Address: 620 Francis Date signed: 10/11/48

St. Joseph, Mo.

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.