

REC'D MAY 24 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16306  
Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 838  
(b) Township Liberty Primary Registration District No. 4509  
(c) City Dexter (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edd Minton Corner  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Corner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17 1872

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min. 66 8 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER  
13. NAME Crawford Corner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sally Corner Dexter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hagy Ditch DATE 5-6-20-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins 755 Dexter Mo

20. FILED 5/10 1939 Margaret Boone deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 20 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1939, to May 2nd 1939  
I last saw him alive on May 2nd 1939. Death is said to have occurred on the date stated above, at 29 m.  
The principal cause of death and related causes of importance were as follows:  
Edema of Lungs Date of onset 1939

Other contributory causes of importance:  
Pericarditis  
Chronic Paralytic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) S. S. Harris, M. D.  
Deftler

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

*Fred W. Nutzman*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Fred W. Nutzman* .....

Licensed Embalmer No. *3711* .....

P. O. Address *Hager, 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, above space should be left blank.