

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

39996
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 410
 (b) Township Sheridan Primary Registration District No. 5568 Registered No. 18
 (c) City 1 (d) Street No. Jasper Rural Route 1 St. _____
 (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 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elizabeth M. Korn
 (a) Residence, No. Jasper Rural Route 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Eugene S. Korn
HUSBAND OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1886

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>1</u>	<u>23</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Garfield
 (STATE OR COUNTRY) Kansas

FATHER
 13. NAME O. N. Hittle
 14. BIRTHPLACE (CITY OR TOWN) New Palestine
 (STATE OR COUNTRY) Ind.

MOTHER
 15. MAIDEN NAME Ella Everett
 16. BIRTHPLACE (CITY OR TOWN) Garfield,
 (STATE OR COUNTRY) Kansas

17. INFORMANT Eugene S. Korn
 (ADDRESS) Jasper Rural Route 1

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paradise DATE 11-11, 1939

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Nov. 11, 1939 Clara E. Carns 855
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-8-39, to 11-8-39, 1939
 I last saw her alive on 11-8-39, 1939. Death is said to have occurred on the date stated above, at 10:25 P. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 1931

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. H. Knott, M. D.
Jasper, Mo.

9
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2385

Date Filed DEC 4 1939

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 *E. J. ...*

Licensed Embalmer No. 2222

P. O. Address.....

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.