

FILLED **OCT 10 1941**  
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution:  
**3106 Summit Ave.**  
(d) Length of stay: In hospital or institution **66 years**  
In this community **66 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **3106 Summit Ave.**  
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **Emma Bell Korn**

3. (b) If veteran, name war  3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry C. Korn** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **October 12 1874**

8. AGE: Years **66** Months **11** Days **5** If less than one day **hr. min.**

9. Birthplace **St. Joseph Missouri**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Morris**  
13. Birthplace **Buchanan County Virginia**  
14. Maiden name **Eliza Miller**  
15. Birthplace **Buchanan County Missouri**

16. (a) Informant **Harry C. Korn**  
(b) Address **3106 Summit Ave. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **9/19/41**

(c) Place: burial or cremation **Mt. Auburn Cemetery St. Joseph, Mo.**

18. (a) Signature of funeral director **Walter Meierhoff**  
(b) Address **1302 Faron St. St. Joseph, Mo.**

19. (a) **9-19-1941** (b) **H. Rothbusch**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **17th** year **1941** hour **10** minute **00** P.M.

21. I hereby certify that I attended the deceased from **Jan 20** 1941 to **Sept 17** 1941; that I last saw her alive on **Sept 17** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive and arteriosclerotic heart disease (cardiac fibrillation)**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Diabetes mellitus**  
(Include pregnancy within 3 months of death)

Major findings: **See Pathology**  
Of operations **none**  
Of autopsy **none**

Duration \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Harold J. Brun** (M.D. or other) **M.D.**  
Address **825 Charles St. St. Joseph**, Date signed **9-18-41**

Brumman

**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 *Oby J ester*

Licensed Embalmer No. *Mo. 4154*

P. O. Address *St. Joseph, Missouri.*

**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.**