

FILED AUG 12 1944

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 190

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
107 Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California
(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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1944 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 18, 1944 to July 19, 1944
that I last saw her alive on July 18, 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John T. Korser 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1961
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 83 Months 5 Days 5 If less than one day _____ hr. 45 min.

9. Birthplace Moniteau Co. MO
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business farm

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James P. Renfrow
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Alamanza Woods
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Haselkine
(b) Address California 710
17. (a) Burial (b) Date thereof 7 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

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) (2) Means of injury _____

(c) Place: burial or cremation Copps Chapel cem.
18. (a) Signature of funeral director A. Albert Hornbeck
(b) Address Prairie Home mo
19. (a) July - 22 - 44 (b) Alfred
(Date received local registrar) (Registrar's signature)

23. Signature A. J. Davison (M.D. or other) MO
Address California Date signed 7/19/44

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

68
1

1312

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-10-44.....

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

Albert Hornbeck

Licensed Embalmer No.

2714

P. O. Address

Prairie Home 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.