S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23464

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 821

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether

In this community 11 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron, (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Martha Ada Corn,

3. (b) If veteran, name war None,

3. (c) Social Security No. Unknown,

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.S.Corn,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 24, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	7	hr. min.

9. Birthplace Lansing, Iowa, (City, town, or county) 1 (State or foreign country)

10. Usual occupation Reporter

11. Industry or business Newspaper

FATHER
12. Name E.B.Bason
13. Birthplace Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Rogers,
15. Birthplace Unknown, (City, town, or county) 0 (State or foreign country)

16. (a) Informant James R. Corn,
(b) Address Cameron, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/31/45 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director Reston Bristol & Bowman
(b) Address 319 So.10th Street,

19. (a) 7-31-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 31st. year 1945 hour 10:00 minute 55 a.M.

21. I hereby certify that I attended the deceased from March 24, 1944 to July 31, 1945 that I last saw her alive on July 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis general arteriosclerotic heart and kidney disease

Due to Hypertension

Due to Myocardial insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (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

23. Signature L.E. Senior MD (M. D. or other)

Address St Joseph Mo Date signed 8-2-45

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(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 Gerald I. Wade

Licensed Embalmer No. 4122

P. O. Address St. Joseph

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.