

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21928**  
Registrar's No. **55**

FILED JUL 10 1947  
Registration District No. **291**

Primary Registration District No. **4433**

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

1. PLACE OF DEATH:

(a) County **Putnam**

(b) City or town **Unionville** **Union**

(c) Name of hospital or institution: **Monroe Clinic** **0**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **three days**

In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam** **86**

(c) City or town **Livonia Mo. R.F.D. 1** **0**

(If outside city or town limits, write "RURAL")

(d) Street No. **Rural** **0**

(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Nancy Penthacelia Korns**

3. (b) If veteran, name war **##**

3. (c) Social Security No. **##**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27** year **1947** hour **1** minute **15** **AM**

21. I hereby certify that I attended the deceased from **6-27-47** to **6-27-47** that I last saw her alive on **6-26-47** and that death occurred on the date and hour stated above.

4. Sex **F** **0** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow** **2**

6. (b) Name of husband or wife **John Korns**

6. (c) Age of husband or wife if alive **31** years **1879** (Year)

7. Birth date of deceased: **12** **31** **1879** (Month) (Day) (Year)

Immediate cause of death: **Malignant carcinoma beginning in left breast & becoming generalized.**

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years **67** Months **5** Days **26** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Home keeper**

Major findings: Of operations **50**

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **William Frost**

13. Birthplace **Iowa** (City, town, or county) (State or foreign country)

14. Maiden name **Ellen Morgan**

15. Birthplace **Iowa** (City, town, or county) (State or foreign country)

16. (a) Informant **Grace Korns Foster**

(b) Address **Livonia R 1**

17. (a) **Burial** (b) Date thereof **6-29-1947**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Unionville Cem.**

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) (e) Means of injury **L**

23. Signature **J. W. [unclear]** (M. D. or other) **100**

Address **Unionville, Mo.** Date signed **6-30-47**

18. (a) Signature of funeral director **Husted & Son**

(b) Address **Unionville, Mo.**

19. (a) **7-2-47** (b) **Marcell Durbin**

(Date received local registrar) (Registrar's signature) **State**

RECEIVED  
District Health Officer No. 10  
District File Number 7-47-168  
Date Filed JUL - 8 1947

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 F. O. Husted  
Licensed Embalmer No. 2975  
P. O. Address Unionville N.C.

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.