

No. 2  
2-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41122**

FILED DEC 15 1947

Registration District No. **5217**

Primary Registration District No. **5217**

Registrar's No. **183**

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

1. PLACE OF DEATH:

(a) County **Cass**  
(b) City or town **Austin Twp (Rural)**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community **10 years.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**  
(c) City or town **Harrisonville (Rural)**  
(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 **PHOEBE HILL CORN**

3. (b) If veteran, name war.  3. (c) Social Security No.

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

6. (b) Name of husband or wife **Francis Marion Corn** 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased **Jan 13 1860** (Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **30** If less than one day hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business  
12. Name **John Quincy Adams**  
13. Birthplace **Phoeb, Etc Ky.** (City, town or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Westwoodland**  
(b) Address **Harrisonville, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Dec 5 1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Mo.**  
18. (a) Signature of funeral director **RUNNENBURGER'S**  
(b) Address **HARRISONVILLE, MO.**

19. (a) **Dec 4 1947** (Date received local registrar) (b) **Rama J. Janga** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **3** year **1947** hour **8:10** minute **4** M.  
21. I hereby certify that I attended the deceased from **Nov. 13**, 19**47**, to **Nov. 25**, 19**47**, that I last saw her alive on **Nov. 25**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular renal**

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy... **131A**

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) (c) Means of injury  
23. Signature **E. E. Robinson** (M. D. or other) **Adrian, Mo.**  
Address **Adrian, Mo.** Date signed **12-5-47**

Duration **several years**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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

*Ernest Runnenbruger*

Licensed Embalmer No. *3368*

P. O. Address. *Harrisonville, 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.**