

Registration District No. \_\_\_\_\_

Primary Registration District No. **4009**

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

1. PLACE OF DEATH:  
 (a) County Andrew  
 (b) City or town Savannah  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 60 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Andrew  
 (c) City or town Savannah  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louisa Elizabeth Corna  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 6 year 1942 hour 8 minute 30 A. M.

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced W 2  
 (b) Name of husband or wife Wm Corna  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 19 1857  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1942 to Oct 6, 1942 that I last saw her alive on Oct 5, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 2 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Heart Failure

9. Birthplace Wendover county, Kansas  
 (City, town, or county) (State or foreign country)

Due to Acq Myocarditis  
 Due to Arterio Sclerosis

10. Usual occupation at home

Other conditions 93e  
 (Include pregnancy within 3 months of death)

11. Industry or business SEHWATKIN  
 { 12. Name Benjamin Schwatkin  
 13. Birthplace un known 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name un known  
 15. Birthplace un known 9  
 (City, town, or county) (State or foreign country)

Major findings: 93e  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Georgiana Horstody  
 (b) Address Savannah mo

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 10-8-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Savannah

(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 0

18. (a) Signature of funeral director E. F. Brest  
 (b) Address Savannah mo  
 19. (a) 10-8-42 (b) F. H. Fritchman  
 (Date received local registrar) (Registrar's signature)

23. Signature Walter Myers (M. D. or other) \_\_\_\_\_  
 Address Savannah mo Date signed Oct 8/42

1957

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**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..... *E. L. Brit* .....

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah* .....

**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.**