

D AUG 25 1949

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 93

1. PLACE OF DEATH:

(a) County: Lawrence
 (b) City or town: Pierce City, Mo.
 (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 _____ years, months or days

3. (a) PRINT FULL NAME: William H. Corner.
 3. (b) If veteran, name war: ✓
 3. (c) Social Security No.: ✓

4. Sex: m 5. Color or race: W
 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Oct 8 1926
 (Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 24 If less than one day _____ hr. 3 min.

9. Birthplace: Pleasant Hill Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation: ✓

MOTHER FATHER
 12. Name: Harry Corner
 13. Birthplace: Pierce City Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Jeda Land
 15. Birthplace: Mc Donnell Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Harry Corner
 (b) Address: Pierce City Mo.

17. (a) _____ (b) Date thereof: July 4 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Pierce City Mo.

18. (a) Signature of funeral director: Wm. Marshall Jr.
 (b) Address: Pierce City Mo.

19. (a) July 3 1949 (b) Funeral Home by
 (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence
 (c) City or town: Pierce City
 (If outside city or town limits, write "RURAL")
 (d) Street No.: N. Elm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
 year 1949 hour 2 minute 30 P. M.
 21. I hereby certify that I attended the deceased from July 2
 _____, 1949, to July 2, 1949
 that I last saw him alive on July 2, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute bacterial endocarditis
Myocarditis
Tricuspid stenosis
Myocarditis
 Due to: _____
 Due to: Chesthead rheumatism
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Duration
48 hrs
24yo
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

Major findings: 9/10
 Of operations: _____
 Of autopsy: none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): None
 (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: W. Mason Lyons (M. D. or other)
 Address: Pierce City Date signed: 7/3/49

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 61

843-905

AUG 23 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 me.

....., Registered Apprentice No.....
working under my personal supervision.

Signed John Bruce Jr.

Licensed Embalmer No. 1512

P. O. Address Peoria City, Ill.

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, above space should be left blank.