

FILED JAN 25 1946

Registrar's No. 75

Registration District No. 11

Primary Registration District No. 4025

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None / Wheaton, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Wheaton, Mo.
(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 Pearl Elizabeth Corn

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bert Corn 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 29 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Byrd

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

14. Maiden name Mary Vanderpool

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

16. (a) Informant Bert Corn

(b) Address Wheaton, Mo.

17. (a) Burial (b) Date thereof 12/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockycomfort, Mo.

18. (a) Signature of funeral director Wm. J. ...
(b) Address Wheaton, Missouri

19. (a) Jan 5-1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1945 to Dec 15 1945
that I last saw him alive on Dec 15 and that death occurred on the date and hour stated above.

Immediate cause of death Canceroma of Colon
of Small Intestine

Duration 9 mo

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations H&E

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (b) Means of injury _____

23. Signature J. L. P. ... (M. D. or other) 2 no.

Address Wheaton Mo Date signed 12/18/45

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

100057

10

RECEIVED
District Health Officer No. 6,
District File Number 146-100
Date Filed JAN 22 1946

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 Wm Morris Pope
Licensed Embalmer No. 3442
P. O. Address Wheaton, 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.