

FILED JAN 21 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **3474**
Registrar's No. **13**

Registration District No. **244**

Primary Registration District No. **0834**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Rural - Marion Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Granby Rt. 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **88 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton 73**
(c) City or town **Rural - Marion Township 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Granby Rt. 1.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Eliza Ann Corner**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Francis Corner** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 26 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 0 22 -- hr. -- min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Rufus Knight**

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

14. Maiden name **Nacey Carlton**

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

16. (a) Informant **Miss Clara Corner**

(b) Address **Granby Rt. 1.**

17. (a) **Burial** (b) Date thereof **12-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Powers Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 S. Garrison Ave.**

19. (a) **Dec. 18-1945** (b) **Mrs. Althea Parnell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **16**
year **1945** hour **11:15** minute **P.M.**

21. I hereby certify that I attended the deceased from **2:30 P.M. on Dec 16th 1945 to death - 19:45**
that I last saw her alive on **Dec 16th 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza, bronchial followed by respiratory complications:**
Due to **Bronchitis, acute 4 days complicated with pulmonary edema 3 days high blood pressure 1 year**

Other conditions **Arteriosclerosis #97**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

Duration **6 days**
4 days
3 days
1 year

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)
(e) Means of injury _____

23. Signature **Dr. Erle Lyle Steinhilber DO**
Address **Diamond MO** Date signed **12/17/45**

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

100000

RECEIVED

District Health Officer No. _____

District File Number 1245-254

Date Filed 1-9-46

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 John Penney
Licensed Embalmer No. 4194
P. O. Address Carthage, 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.