FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16717

Primary Registration District No. 1000

Registrar's No. 642

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1506 So. 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Corine Becker
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Peter C. Becker
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 21 (Day) 1879 (Year)

8. AGE: Years 68 Months 7 Days 7 If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
MOTHER FATHER
12. Name: Harveys Cornish
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Pernita LeVale
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Lorene Grunwald
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Waton - Bowman
(b) Address: St. Joseph, Mo.
19. (a) 6-14-48 (Date received local registrar) (b) L. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: June day: 8 year: 1948 hour: 8 minute: 35 P.M.
21. I hereby certify that I attended the deceased from June 5, 1948, to June 8, 1948 that I last saw her alive on June 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rt. Breast with metastases to both lungs	1½ yrs.
Due to	
Due to	
Other conditions: arteriosclerosis general (Include pregnancy within 3 months of death)	unknown
Hypertension essential	
Major findings: Of operations:	
Of autopsy: None.	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: E. M. Shores (M. D.) M.D.
Address: St. Joseph Mo. Date signed: 6-9-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1948

SEP 17 1948

2-3351

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 Eugene Wood

Licensed Embalmer No. 3807

P. O. Address 319 S 10th, St Joseph 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.