SOCIAL SECURITY NO. CERTIFICATE OF DEATH State File No. If veteran, name war Bureau of Records and Statistics		
FULL Mary Pline O. Como Local File No. 4		
PLACE OF DEATH: 2 alon County Particle City or Village Amount County Name of hospital (If not in hospital, give street address.) Length of stay: In hospital In this community 16 years	USUAL RESIDENCE OF DECEASED: State Much County Eaton Township City or Village U armontable Street No. Well First Street If foreign born, how long in U. S. A.?	years
South Color or Race Single, Married, Williams White White Shaped or Dissourced Married NAME OF HUSBAND or WIFE Name Daniel O. Corner Age, if alive 69 Birth date of deceased May 13 1882 Age: Years Months Days If less than one day 65 5 20 hrs. min. Birthplace attown Canala Usual occupation Housewife Industry or business Name Bernard Brenne Game Birthplace attown Canala Birthplace Attown Cana	MEDICAL CERTIFICATION Date of death I hereby certify that I attended the deceased from	Valive on
Informant Daniel Commer Address Jemntville Mich: Burial, cremation or removal (Circle the word which applies) Place Hastings Much Cemetery Michael Date 9-6, 1947 Funeral director's L. K. Ward signature Address Jemntville Mich Filed 9-5, 1947 A.L. Bannigham pocal Registrar	Of autopsy In case of violence, state if accident, homicide or suicide Date Where did injury occur? (Specify city, county, or state In industry, home or public place? Was disease or injury related to occupation of deceased? Signature Address Address	e)