

DEC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17598  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1007 Registered No. 1998  
(c) City Kansas City 1 (d) Street No. 509 Valentine Road St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 507 Valentine Rd - St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Partia M. Cornell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
67 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traffic mgr  
9. Industry or business in which work was done, as saw mill, bank, etc. R.C. Public Service  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska 113. NAME Cornell 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 915. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Partia M. Cornell  
(ADDRESS) 507 Valentine Road18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Park DATE May 13, 193919. FUNERAL DIRECTOR (NAME) Mrs C. L. Foster  
(ADDRESS) 718 Brooklyn R.C. Mo20. FILED May 13, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1939, to May 12, 1939  
I last saw him alive on May 12, 1939. Death is said to have occurred on the date stated above, at 5:50 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute coronary thrombosis Date of onset 5/6/39  
940

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Joseph Welker, M. D.  
(Address) 836 Professional Bldg  
Kansas City Mo.

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**