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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1943 11/9

Primary Registration District No. 1002

Registrar's No. 4687

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1011 Tracy /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson 48
 (c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 1011 Tracy
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mary E. Cornell
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Fe 5. Color or race 3 Col
 6. (a) Single, widowed, married, divorced 2 Widowed
 6. (b) Name of husband or wife Robert W. Cornell
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 5 1881
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>62</u> | <u>8</u> | <u>29</u> | hr. _____ min. _____ |

9. Birthplace Howard City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Richard Graves

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Cason

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Raton W. Lowery

(b) Address 1011 Tracy

17. (a) burial (b) Date thereof 11/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem

18. (a) Signature of funeral director Watkins Bras
 (b) Address 1729 Ogden

19. (a) 11-5-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
 year 1943 hour 1 minute 10 A.M.
 21. I hereby certify that I attended the deceased from Oct 6th 1943
 _____, 19____, to Nov 4 - 1943
 _____, 19____, that I last saw him alive on Nov 4 - 1943, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis
Chronic Catarrhal Colitis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration 1 day
2 1/2

Major findings:
 Of operations _____
 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?

23. Signature R.B. Bishop MD
(Specify type of place) (2) Means of injury
 Address 538 Ridge Pkwy Date signed 11/4/43

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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 *I J Monroe*

Licensed Embalmer No. 3994

P. O. Address 2003 Highland

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.