

FILED JAN 10 1944

Registration District No. 27

Primary Registration District No. 4023

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Golden City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Golden City
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... (1)

3. (a) PRINT FULL NAME FRED DARR CORNMAN

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Adah Arvesta Cornman 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 17 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Carlisle Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

MOTHER FATHER

12. Name John Cornman

13. Birthplace Carlisle Pa. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Darr

15. Birthplace Carlisle Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Adah Arvesta Cornman

(b) Address Golden City Mo.

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Full P. Bur. Golden City Mo.

18. (a) Signature of funeral director Phillip A. Funeral Home

(b) Address Golden City Mo.

19. (a) Dec. 20, 1943 (b) Oliver Ketterlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th year 1943 hour 1.30 minute 17 M.

21. I hereby certify that I attended the deceased from July 1942 to December 18, 1943 that I last saw him alive on December 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death..... Myocarditis Duration 2 yrs.

Due to..... Arteriosclerosis

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 928

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Donald Rupp (M. D. or other) 12/20/43

Address Golden City, Mo. Date signed 12/20/43

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

RECEIVED

District Health Officer No. 0,

District File Number 144-19

Date Filed 1-6-43

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. 3278

P. O. Address Golden City 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.