

FILED AUG 2 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3011

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Tates Convalescent Home, 3231 Prospect
(If not in hospital or institution, write street number or location)

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

In this community 4
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town Dearborn Missouri 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Thomas Howard Cornett

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 8 minute 30 A. M.

4. Sex Male 0 | 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Cornett, wife

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased AUG. 14 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1
1944 to July 19 1944

that I last saw him alive on July 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration Sudden

8. AGE: Years Months Days If less than one day

77 11 25 hr. min.

Due to Thromboplegia

Due to 930

9. Birthplace Dallas Texas 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Retired

Major findings: Of operations None

Of autopsy No-body there

11. Industry or business none

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Letha Woods

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (c) Means of injury

16. (a) Informant Miller Cornett

(b) Address Faucett Missouri Rural

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Frame Cemetery

23. Signature M. D. Moore (M. D. or other) Coroner

Address Dearborn Date signed 7/19/44

18. (a) Signature of funeral director Richard W. Davis

(b) Address Dearborn Platte Co. Mo.

19. (a) 7-21-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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

HT 308

MAR 31 1948

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 *Rueben Davis*

Licensed Embalmer No. *4160*

P. O. Address. *Dearborn 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.