S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23547

FILED JUL 31 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3023

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town 7548 Wornall Rd. K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7548 Wornall Rd. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 77th. St. F main
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Walter F. Cornell

3. (b) If veteran, name war World War II

3. (c) Social Security N494-16-8880

4. Sex Male D

5. Color or race Wh

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife No Record b

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

7. Birth date of deceased May 21 1905
(Month) (Day) (Year)

8. AGE: 41 Years | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Painter

11. Industry or business .....

FATHER
12. Name John Cornell
13. Birthplace N.C. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Danner
15. Birthplace N.C. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hal Cornell

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 7-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Butler, Mo.

18. (a) Signature of funeral director Jarlyn Koe

(b) Address Kansas City, Mo.

19. (a) 7-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Pulmonary Congestion

Due to Acute Alcoholism.

Due to .....

Other conditions 77C
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy See Above

Duration

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?
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. E. Ussher (M.D. Mo.)

Address 2800 Main Date signed 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1946

SEP 3 1946

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 Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address 15 6. 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.