—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 33962

Registration District No. FILED NOV 13 1947

Primary Registration District No. 3012

Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 mos. (Specify whether years, months or days)
In this community: 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1429½ E. 18th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Cornelius W. Dimery
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 499 14 1299

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December 25 (Month) 1894 (Day) (Year)

8. AGE: Years 52 | Months 10 | Days — | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Lather
11. Industry or business: (Self employed)
FATHER
12. Name: Emmanuel Dimery
13. Birthplace: Lawrence (City, town, or county) Kansas (State or foreign country) 1
MOTHER
14. Maiden name: Nellie Williams
15. Birthplace: Dover (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-28-47 (Month) (Day) (Year)
(c) Place: Removed to: Kansas City, Mo.
18. (a) Signature of funeral director: Ethel Hope
(b) Address: HOPE FUNERAL HOME Excelsior Sorings, Missouri
19. (a) 10-28-47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 25 year: 1947 hour: 6 minute: 50 P. M.

21. I hereby certify that I attended the deceased from June 25, 1947, to October 25, 1947; that I last saw him alive on October 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, reinfection type, far advanced, active, class IV	Unknown
Due to:	
Due to:	
Other conditions: Mastoiditis, chronic (Include pregnancy within 3 months of death)	Unknown

Otitis media, suppurative, chronic.

Major findings:
Of operations:
Of autopsy: Mild arteriosclerosis, grade one, aorta.

PHYSICIAN — Underline the cause of 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: — 0

23. Signature: L. Fiorito (M. D. or other) M. D.
Address: Veterans Administration Hosp., Excelsior Springs, Missouri
Date signed: 10-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-13-47

DEC 2 1947

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ely Springs 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.