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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40643  
5514

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (in this place) <u>20 yrs.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>320 East 8th Street</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>                              |  |   |  |

|  |                         |                        |                          |  |
|--|-------------------------|------------------------|--------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Henry</u> | b. (Middle) <u>XXX</u> | c. (Last) <u>Cornett</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>December 25, 1950</u> |
|--|-------------------------|------------------------|--------------------------|--|

|                    |                               |   |                                       |   |                                |                                 |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------------|---------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March ?, 1894</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Mins. |
|--------------------|-------------------------------|---|---------------------------------------|---|--------------------------------|---------------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Texas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|-----------------------------------|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Henry Cornett</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Elsie Cornett</u> |
|---|--|--|

|  |  |  |                                 |
|--|--|--|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Cornett</u> | ADDRESS <u>820 East 8th St.</u> |
|--|--|--|---------------------------------|

|   |  |             |                                  |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelonephrosis</u>   |             |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydronephrosis. Pulmonary tuberculosis</u>   |  | <u>6000</u> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 12-22 1950 to 12-25 1950, that I last saw the deceased alive on 12-25 1950, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

|   |  |                                  |
|---|--|----------------------------------|
| 23a. SIGNATURE <u>E. Frank Ellis M.D.</u> | 23b. ADDRESS <u>600 East 22nd Street</u> | 23c. DATE SIGNED <u>12-25-50</u> |
|---|--|----------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-30-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
|---|---------------------------|--|---|

|  |   |  |         |
|--|---|--|---------|
| DATE REC'D BY LOCAL REG. <u>12-30-50</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Davis R. C. M.D.</u> | ADDRESS |
|--|---|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *C. E. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4417*

P. O. Address: *7 E. C. St.*

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.