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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42752

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 331

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
(Specify whether  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Gibson  
(c) City or town Oakland City  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT NAME: ELMER CORNE

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 Etta Mae Corne  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased April 20 - 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 9 hr. min.

9. Birthplace Graceland Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business

12. Name Regin Corne

13. Birthplace Southern Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brewster

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

16. (a) Informant Iwan Corne

(b) Address Buckner Mo.

17. (a) Burial (b) Date thereof Jan 2 - 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation August Cemetery

18. (e) Signature of funeral director Otho Mitchell

(b) Address Independence Mo.  
19. (a) Dec 30 40 (b) F. L. Cookmo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1940 hour minute 5:15 M.

21. I hereby certify that I attended the deceased from  
that I last saw him on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Duration

Acute Pulmonary Edema

Due to Chronic Fibrous Myocardium

Due to Coronary Thrombosis

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

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?  
360

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

23. Signature F. L. Cookmo (M. D. or other) 5  
Address Date signed

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

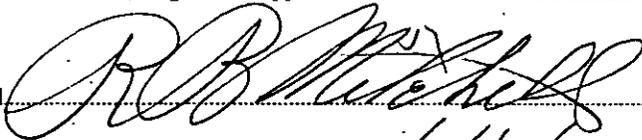
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**STATEMENT BY LICENSED EMBALMER**

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..... 646

P. O. Address.....

**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.**