

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11062

APR 3 1941

Registration District No. 113

Primary Registration District No. 5559-C

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Marion, Missour  
(c) Name of hospital or institution Jasper Co. B G Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 to 10 mo  
(Specify whether 1)  
In this community 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Marion 0  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank Cornakon

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, Widowed, married, divorced, Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 16 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 2 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or Business \_\_\_\_\_

12. Name James Cornakon

13. Birthplace Reun 1  
(City, town, or county) (State or foreign country)

14. Maiden name Addie Chipman

15. Birthplace Reun 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Reun 1

(b) Address Belle, Mo.

17. (a) Burial (b) Date thereof March 10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcophagus

18. (a) Signature of funeral director John C. Cole

(b) Address Sarcophagus

19. (a) MCH 10 41 (b) J. H. Hutcherson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1941 hour 10 minute 45 am M.

21. I hereby certify that I attended the deceased from Apr 19, 1933, to March 8, 1941,  
that I last saw him alive on March 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 17 B1  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

377 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John E. Dacylar (M. D. or other) D

Address Hubb Co. MO Date signed 3/8/41

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

MOTHER FATHER

41-4-800

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.

*Glen Cole*

Signed *Glen Cole*

Licensed Embalmer No. *3708*

P. O. Address *Saco, Maine*

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, above space should be left blank.