

FILED APR 10 1942

Primary Registration District No. 53 87

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town McClure Beaver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Complete
(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)

3. (a) PRINT FULL NAME Mary Cornett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James C. Cornett 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased February 24 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Hiram Essary
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Boyd
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant County Coroner McClure

(b) Address

17. (a) Burial (b) Date thereof 3-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Friends

(b) Address
19. (a) 3-14-42 (b) Shelton S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town McClure Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 6 minute 15P. M.

21. I hereby certify that I attended the deceased from 1/6
1942 to Mar 1942
that I last saw her alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myeloid leukemia

Due to

Due to

Other conditions (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?

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

23. Signature RM Norman (M. D. or other)

Address Adv M Date signed 3/9/42

R. M. Mamm...

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.....

W.B. Litchman

Licensed Embalmer No.....

3431

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.