S. No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2903

Registration District No. 236 | Primary Registration District No. 5818 | Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Morgan
(b) City or town: Rural MOREAU Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mi. N. of Barnett, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mi. N. of Barnett, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: David Cornett

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Margaret Alice Cornett

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: March (Month) 1 (Day) 1860 (Year)

8. AGE: Years 82 | Months 9 | Days 26 | If less than one day: – hr. – min.

9. Birthplace: Camden Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: Steve Cornett
13. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name: Polly
15. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Walter Cornett
(b) Address: Barnett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29 '42 (Month) (Day) (Year)
(c) Place: burial or cremation: Big Rock Cem

18. (a) Signature of funeral director: Elston Funeral Home
(b) Address: Eldon Mo.

19. (a) 12-28-42 (Date received local registrar) (b) Rey Bernstrauser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Dec 27, 1942, to ....., 19..... ; that I last saw him alive on Dec 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardiac

Due to: Hodgkin's disease

Due to: 3 yrs

Other conditions (Include pregnancy within 3 months of death): 95c

Major findings:
Of operations:
Of autopsy:

Duration

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

23. Signature: J. N. Allee (M.D. or other)
Address: Eldon Mo. Date signed 12/28/42

10-29

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1407
Date Filed 1-12-43

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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.