S. No. 2
M—5-42
v. 5-17-39
I X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24349

FILED AUG 5 1943

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 811

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Methodist O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town Stanberry Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Phoebie Leona Cornett
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Wm R Cornett 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 25 (Day) 1882 (Year)

8. AGE: Years 62 Months 7 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Mc Fall (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business .....
FATHER
12. Name James Bowman
13. Birthplace Newman (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Jessie Wilkins
15. Birthplace Newman (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Pyle Cornett
(b) Address Stanberry Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairport Cemetery
18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo
19. (a) 6-7-43 (Date received local registrar) (b) Rose Hedgey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1943 hour 1 minute A M.
21. I hereby certify that I attended the deceased from June 4, 1943, to June 5, 1943 that I last saw her alive on June 5 - 1943, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to: chr. rheumatic endocarditis	20 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 92C	

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

23. Signature J S Ryan M D (M. D. or other)
Address St Joseph Mo Date signed 6.5.43

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Alfred Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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.