

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27281

State File No. _____

ED AUG 21 1943

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3428

1. PLACE OF DEATH: Jackson

(a) County Kansas City, Mo

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 8 days

3. (a) PRINT FULL NAME Elmer Cornett3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife Andee Bell Cornett 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased March 15, 1890
(Month) (Day) (Year)8. AGE: Years 53 Months 4 Days 22 If less than one day hr. min.9. Birthplace unknown
(City, town, or county) (State or foreign country)10. Usual occupation unknown11. Industry or business labor12. Name James Cornett13. Birthplace Mo
(City, town, or county) (State or foreign country)14. Maiden name Anna Days15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Andee Bell Cornett(b) Address Gravois mills mo17. (a) Removed (b) Date thereof 8-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation versailles mo18. (a) Signature of funeral director C. H. Blackmont Son(b) Address no19. (a) 8-8-43 (b) T. E. Brown
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Gravois Hills
(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 August day 7
year 1943 hour 8 minute 15 P. M.21. I hereby certify that I attended the deceased from July 29 19 43 August 7 19 43
that I last saw him alive on August 7 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Fulmonary Embolis

Due to _____

Due to IIA

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? _____

23. Signature Dr. R. Shan (Specify type of place) _____
While at work? _____ Means of injury _____

Address _____ (M. D. or other) _____

Date signed _____

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

MOTHER FATHER

SEP 12 1946

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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.....

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 3428

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

FILED SEP 21 1943 149
 Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether _____)
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME: Elmer Cornett
 3. (b) If veteran, name war No 3. (c) Social Security No. 494-12-0268

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Audie Belle Cornett 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased March 15
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 23
If less than one day _____ min.

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

10. Usual occupation Boat builder
 11. Industry or business Gravois Boat & Dry Dock Co

MOTHER FATHER { 12. Name James (none) Cornett
 13. Birthplace Camden County, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Anna (none) Kays
 15. Birthplace Camden County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Audie Belle Cornett
 (b) Address Gravois Mills, Missouri

17. (a) Burial (b) Date of Aug. 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director J. E. Brown
 (b) Address Versailles, Mo

19. (a) 8-8-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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 _____ Day _____ Year _____
 _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____

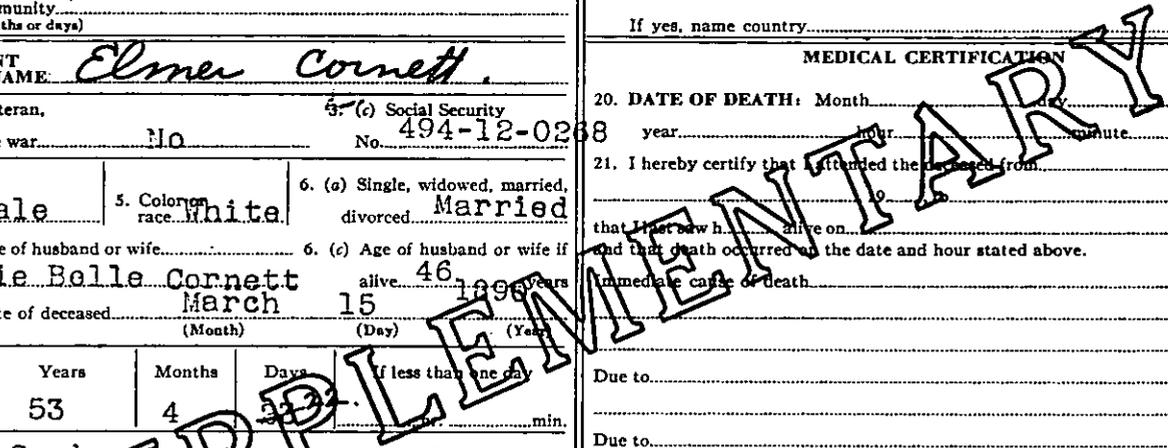
 that I last saw him/her alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____
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 _____ (M. D. or other) _____
 Address _____ Date signed _____



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