

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

FILED DEC 9 1944

State File No. _____

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4812

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
COLONIAL REST HOME - 7611 WORNALL ROAD
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 YEAR 4
(Specify whether years, months or days)
 In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JAYASBOUETTE
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 12 SOUTH BOENE STREET
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR FREEMAN PATTEN CORNISH, JR.
 3. (b) If veteran, name war NO
 3. (c) Social Security No. 490-10-4985a

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV. day 26TH
 year 1944 hour 12 minute 15 A. M.
 21. I hereby certify that I attended the deceased from Nov 9
Nov 9, 1943, to Nov 26, 1944
 that I last saw him alive on Aug 3, 1944, 1944
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MRS. MADORA A. CORNISH
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY - 27 - 1876
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion Duration Acute
 Due to Coronary Arteriosclerosis 2+ yrs.
 Due to _____
 Other conditions Hypertension 5+ yrs.
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 5 Days 30²⁹ hr. _____ min. _____

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

10. Usual occupation SALESMAN

11. Industry or business STOCKS + BONDS

MOTHER FATHER
 12. Name DAVID P. CORNISH
 13. Birthplace PORTLAND MAINE
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH M. DAVENPORT
 15. Birthplace PORTLAND MAINE
(City, town, or county) (State or foreign country)

Major findings:
 Of operations None 94a
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Betty M Taylor
 (b) Address 12 South Boene Street
 17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (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? _____

18. (a) Signature of funeral director J. H. Newcomer's Sons
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) 11-29-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) Means of injury
 23. Signature Robert P. Brady (M.D. or _____)
 Address 243 Plaza West Bldg Date signed 11/27/44
K.E.M.D.

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

243. Olga & Michael Davis
2:30 - 3:00

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..... *H. C. Newcomer Jr.*.....

Licensed Embalmer No..... *4043*.....

P. O. Address..... *H. C. Newcomer Jr.*.....

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.