

S. No. 2  
M-5-43  
5-17-39  
I X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12633  
Registrar's No. 60

Registration District No. 212

Primary Registration District No. 5779

1. PLACE OF DEATH:  
(a) County MILLER  
(b) City or town RURAL - FRANKLIN TOWNSHIP  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 6 3 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County MILLER  
(c) City or town RURAL - FRANKLIN  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 Mi - So. ELDON - Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME VIRGINIA - DIANNE - CORNETT  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 3rd  
year 1944 hour around 3 minute A M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color of race White  
6. (a) Single, widowed, married, divorced: SINGLE  
6. (b) Name of husband or wife: none  
6. (c) Age of husband or wife if alive: ✓ years  
7. Birth date of deceased: MAY 13 1944  
(Month) (Day) (Year)

Immediate cause of death found dead in bed lying on face sleeping with Apoplexia  
Due to Parents  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
none 6 20 - hr. - min.

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

10. Usual occupation none

11. Industry or business none

12. Name MYRLE - CORNETT

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

14. Maiden name Lucille - Edwards

15. Birthplace MILLER Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Tom Myrle Cornett  
(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof 12-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOLEY - CEM -

18. (a) Signature of funeral director Ray M. Ray  
(b) Address 1244 1/2

19. (a) 12-4-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. E. Humphrey (M. D. or other) Crowner  
Address Luscomb Date signed 12-3-44

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

RECEIVED

Miller County Health Dep't.

County File Number 15-3

Date Filed 1-2-46

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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 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 with the above constitutes grounds for revocation of license.)**

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