S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40292

FILED JAN 13 1947

Registration District No. ____ Primary Registration District No. 5266 Registrar's No. 1047

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield – Rural S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jones 106

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JESSE CORNETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased February 15 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	11	11	____ hr. ____ min.

9. Birthplace [illegible] Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farmer

FATHER
12. Name unknown
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Coffman
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant Viola Jones
(b) Address Rogersville Missouri

17. (a) [illegible] burial (b) Date thereof Dec 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Bethel

18. (a) Signature of funeral director Kelley-Ferrell-Caymon
(b) Address Rogersville Missouri

19. (a) 12/30/46 (Date received local registrar) (b) W F Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1946 hour 9 minute 4 P.M.

21. I hereby certify that I attended the deceased from 12-18 1946 to 12-26 1946 that I last saw him alive on 12-26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration

Due to Hypertrophy of prostate with acute retention over

Due to 7 year period

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1398

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 D. C. Michael D.O. (M.D. or other)

Address 606 E. Sunshine Date signed 1/27/46

(Licensed Embalmer's Statement on Reverse Side) Springfield Mo.

111

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

39106

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. F. K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.