No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 2361

Registration District No. 818

Primary Registration District No.

Registrar's No. 914

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Butler 999

(c) City or town Rosalia
(If outside city or town limits, write "RURAL") NR 14

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Sherman Cornett.

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Maude B. Cornett

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

7. Birth date of deceased July (Month) 5 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	20	hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Telegrapher

11. Industry or business Missouri Pacific Lines

FATHER
12. Name Ira Cornett
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Roy R. Cornett
(b) Address Newton, Kansas.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado, Kansas

18. (a) Signature of funeral director Albert H. Hoppe,
(b) Address 4700 Washington Blvd.,

19. (a) JAN 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1947 hour 11 minute 25 A M.

21. I hereby certify that I attended the deceased from January 22nd, 1947, to January 25th 1947; that I last saw him alive on January 25th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ① Cerebral Hemorrhage Rt. & Lt. hemiplegia.	
Due to ② Arteriosclerosis, gen'l.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? Means of injury

23. Signature Charles Homer (M. D. or other) MD
Address Missouri Pacific Hosp. Date signed 1/25

(Licensed Embalmer's Statement on Reverse Side)

914

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.