No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 15 1947
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38076
Registrar's No. 5033

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~~: K.C. GENERAL HOSPITAL No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 HOURS (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3827 WOODLAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - - - 0

3. (a) PRINT FULL NAME MR. CHARLES BRADLEY CORNELL
3. (b) If veteran, name war No
3. (c) Social Security No. none.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. ANNA J. CORNELL
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JANUARY (Month) 14 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	14	hr. min.

9. Birthplace LAWN RIDGE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business - - - - - -
FATHER
12. Name WALTON HOWLAND CORNELL
13. Birthplace SCHNECTEDY (City, town, or county) NEW YORK (State or foreign country)
MOTHER
14. Maiden name LYDIA ANN FOLLIOTT
15. Birthplace MT. VERNON (City, town, or county) OHIO (State or foreign country)
16. (a) Informant MRS. ANNA J. CORNELL
(b) Address 3827 WOODLAND AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-1-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 12-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 28TH year 1947 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased ~~from~~ for years, 19 35, to 19 47; that I last saw him alive on 1945, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	
Due to Natural Causes	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(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? Home (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. R. Hall (M. D. or other)
Address 633 E. 72nd St. Date signed 11-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse/Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.