

FILED JAN 27 1948

Primary Registration District No. **2000**

Registrar's No. **120**

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
In this community **7 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Texas**
(c) City or town **Coburn**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #2**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **No.**

3. (a) PRINT FULL NAME **Marie Cornett**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **6th**
year **1948** hour **4:45 A.M.**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Claude CORNETT**
6. (c) Age of husband or wife if alive **1891** years
7. Birth date of deceased **December 9, 1891**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-29-47**, 19... to **1-6-48**, 19...
that I last saw her alive on **1-5-48**, 19...
and that death occurred on the date and hour stated above.

8. AGE:
Years **56** Months **0** Days **27**
If less than one day hr. min.

Immediate cause of death
Diabetes Mellitus
Chronic Nephritis
Due to **Chronic Myocarditis**
Due to

Duration
16 years - last known

9. Birthplace **Bancroft, Nebraska**
(City, town, or county) (State or foreign country)

Other conditions **Acute Apythia**
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **none + 3 B**

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

10. Usual occupation **Housewife**
11. Industry or business
12. Name **Herman Pruess**
13. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Pruess**
15. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

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?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant **Claude Cornett**
(b) Address **mta. Grove**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 11, 1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Springfield**
18. (a) Signature of funeral director **Russell Barber**
(b) Address **mta. Grove mo.**
19. (a) **1-10-48** (Date received local registrar) (b) **M. I. Handley, M.D.** (Registrar's signature)

23. Signature **Paul O. Unghew, M.D.** (M. D. or other)
Address **Springfield, Missouri** Date signed **1-9-48**

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

39
2
6

MOTHER FATHER

APR 2 1948

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 *Russell Barber*
Licensed Embalmer No. *3848*
P. O. Address *Weta Grove, 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.