

FILED AUG 10 1948

State File No.

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dr Gunn & Gunn
In this community 1 Hr whether
years, months or days

3. (a) PRINT FULL NAME Donald Elwood Cornett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, Divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1944
(Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Elwood Cornett

13. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mae Mullins

15. Birthplace Jackson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elwood Cornett

(b) Address Gravois Mills, Mo.

17. (a) Burial (b) Date thereof AUG. 2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ivy Gravois Mills Mo.

18. (a) Signature of funeral director W. F. Howell

(b) Address Versailles, Missouri

19. (a) 8-4-48 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Gravois Mills, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1948 hour 9 minute 00p.m.

21. I hereby certify that I attended the deceased from July 31 1948 to July 31 1948
that I last saw him alive on July 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 45 minutes

Due to Ruptured congenital aneurysm

Due to unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1597

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? _____

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

23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles, Mo Date signed Aug 2, 1948

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-42-916

Date Filed 8-9-48

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.....

Raymond Laska, Registered Apprentice No. 212
working under my personal supervision.

Signed

J. T. Redwell

Licensed Embalmer No. 1546

P. O. Address Wesleyville, 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.