DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 - 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36458

Primary Registration District No. 1002

Registrar's No. 4588

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

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:
3833 COLLEGE STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 30 YEARS

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.: 3833 COLLEGE STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME: MR. EVERETT HARRISON CORNICK

3. (b) If veteran, name war: NO

3. (c) Social Security No. 481-01-2470

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) ~~Single, widowed~~, married, divorced: MARRIED 1

6. (b) Name of ~~husband or~~ wife: MRS. MAUDE H. CORNICK

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: MARCH (Month) 4 (Day) 1889 (Year)

8. AGE: Years 59 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace: CLINTON (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation: CLERK

11. Industry or business: KANSAS CITY POWER + LIGHT CO.

FATHER
12. Name: WILLIAM NELSON CORNICK
13. Birthplace: RIPLEY (City, town, or county) OHIO (State or foreign country) 1

MOTHER
14. Maiden name: IRENE NAYLOR
15. Birthplace: UNKNOWN (City, town, or county) OHIO (State or foreign country) 1

16. (a) Informant: Mrs. Maude Cornick
(b) Address: 3833 College Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 10, 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: CLINTON, MISSOURI

18. (a) Signature of funeral director: R. W. Mercer's Sons
(b) Address: 1401 Brush Creek Blvd

19. (a) 11-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6
year 1948 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from [illegible] 19__ to [illegible] 19__;
that I last saw h[illegible] alive on [illegible] 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac dilatation

Due to: Calcific Disease of the Aortic Valve, Rheumatic type

Due to:

Other conditions: Marked cardiac hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: above

Duration

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) 0
While at work? (e) Means of injury:

23. Signature: Jack H. Hill (M. D. or other) M.D.
Address: Trinity Lutheran Hospital Date signed: 7 Nov. 48

(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 D. D. Nolsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.