

15 1939

REC'D MAY 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16178
Do not use this space.

1. PLACE OF DEATH

(a) County ST. HOLLIS 2 Registration District No. 784
(b) Township ST. FERDINAND Primary Registration District No. 200
(c) City or W-W Walnut Manor (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 63 yrs. mos. ds.

2. PRINT FULL NAME CLARENCE CORNELIUS

(a) Residence, No. 7016 BELLAH PL. PINES BLVD (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 28 1873
7. AGE YEARS 65 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

FATHER
13. NAME JAMES CORNELIUS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME ANNIE NORCUTT

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) LESTER CORNELIUS
7016 BELLAH PL.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE MAY 16 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEDRICH F. HOME
2419 HALLS FERRY RD.

20. FILED MAY 15 1939 J.R. McJannet Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14 1939

22. I HEREBY CERTIFY, That I attended deceased from JUNE 24, 1934, to MAY 14, 1939
I last saw h. i. m. alive on MAY 13, 1939 Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
930
Other contributory causes of importance: Hypert. Prostate ?

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. McJannet M. D.
(Address) 16204 W.F. Linn
707

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Arthur R. Diederich

Licensed Embalmer No. *3556*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.