

DEC'D SEP 21 1939

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

29796  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 609  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4363 Registered No. 109  
 (c) City Neosho (d) Street No. Gate - Bowman Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Martha C. Corness  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Wm. Corness  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1881  
 7. AGE YEARS 58 MONTHS 1 DAYS 18 IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 FATHER  
 13. NAME P. Cornow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 MOTHER  
 15. MAIDEN NAME Sarah Whitworth  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
 17. INFORMANT Wm. Corness  
 (ADDRESS) Neosho, Mo. R#5  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Cemetery DATE 8-12-39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Williams  
Neosho, Mo.  
 20. FILED 8-18 1939 Orval R. Sabers Local Registrar.

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 8-7- 1939, to 8-11 1939.  
 I last saw h. u. alive on 8-11 1939. Death is said to have occurred on the date stated above, at 11:30 h.  
 The principal cause of death and related causes of importance were as follows:  
Embolism to Rt. cerebral  
Region  
 Date of onset 8-11-39  
46  
 Other contributory causes of importance:  
Carcinoma of liver  
with ascites  
Arteriosclerosis  
 Name of operation Exploratory Date of 8-5-39  
 What best confirmed diagnosis? Cancer 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) Melvin P. Bowman M. D.  
 (Address) Neosho, Mo.

**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

Licensed Embalmer No. ....

P. O. Address

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

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