

Registration District No. 468

Primary Registration District No. 9032

Registrar's No. 121

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
306 EAST HOWARD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 9 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 306 East Howard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALSON NEWTON CORNELIUS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA E. CORNELIUS 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased OCT. 10 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 15 If less than one day hr. _____ min. _____

9. Birthplace JOHNSON COUNTY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES CORNELIUS

13. Birthplace _____ Ind
(City, town, or county) (State or foreign country)

14. Maiden name RUTH PETTIT

15. Birthplace JOHNSON COUNTY INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant EMMA E CORNELIUS

(b) Address 306 E HOWARD

17. (a) CROWN HILL (b) Date thereof 3-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 3-25-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from March 23, 1940, to March 25, 1940 that I last saw him alive on March 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to chronic myocarditis

Due to _____

Other condition chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Gordon Gouf (M. D. or other) MD

Address Sedalia Mo Date signed 3-25-40

80
4
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
HEALTH DEPARTMENT
DISTRICT FILE NUMBER
H-9-H
Date Filed

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 P. E. Baker
Licensed Embalmer No. 2419
P. O. Address Sedalia

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, above space should be left blank.