

FILED JUN 10 1939

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

18605  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Iron Registration District No. 2  
 (b) Township Kaolin Primary Registration District No. 5150  
 (c) City or \_\_\_\_\_ (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL-NAME Cornelia Elizabeth Duty  
 (a) Residence, No. Banner Mo. 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 fem 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) Nov. 5, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
9 10 26

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. school girl  
 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) Banner Mo.

FATHER  
 13. NAME Robert Duty  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Banner Mo.

MOTHER  
 15. MAIDEN NAME Carry Merritt  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goodwater Mo.

17. INFORMANT (ADDRESS) Robert Duty  
Banner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade Mo. DATE Oct. 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons  
Ironton Mo.

20. FILED 19 Mrs. Ina Volmer  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1939, to Oct. 1st, 1939  
 I last saw h. er alive on Sept. 27, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
acute Endocarditis  
whooping cough  
9  
5/1/39  
?

Date of onset 9/1/39

Other contributory causes of importance:  
none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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) R. C. Inland M. D.  
355 (Address) Clinton, Mo.

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.

WRITE PLAINLY, WITH CAPS AND UNDERLINES TO A PLAIN WRITER RECORD I X 15695

**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.....

*Arnel J. White*

Licensed Embalmer No. *3012*

P. O. Address.....

*Montgomery*

**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.**