

No. 2  
11-10-39  
5-17-39  
1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25254**

**AUG 16 1940 318** 324  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5449**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **R# 5**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Greene**  
 (c) City or town **Springfield**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **R. F. D. #5**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** **JOHN W. CORNELL 654**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **August** day **1st**  
 year **1940** hour **10** minute **35 P. M.**

4. Sex **male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Clara K. Cornell**  
 6. (c) Age of husband or wife if alive **59** years  
 7. Birth date of deceased: **Feb 15 1887**  
 (Month) (Day) (Year)

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

**8. AGE:** Years **73** Months **5** Days **16**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **medullary carcinoma primary**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**9. Birthplace** **North Carolina**  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) **47**

**10. Usual occupation** **Retired Carpenter**  
**11. Industry or business** **Contracting**  
**12. Name** **Joseph Cornell**  
**13. Birthplace** **N. Car.**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Rebecca Harmon**  
**15. Birthplace** **N. Car.**  
 (City, town, or county) (State or foreign country)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy

**16. (a) Informant** **Hay Cornell**  
 (b) Address **Butler no.**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

**17. (a)** **Burial** (b) Date thereon **Aug 4 1940**  
 (Burial, cremation, or removal) (Month) (Year)  
 (c) Place: burial or cremation **Maple Park Cemetery**

(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?  
**295** (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**18. (a) Signature of funeral director** **W. H. Stinger**  
**Springfield, Mo.**  
 (b) Address \_\_\_\_\_  
**19. (a)** **Aug 3 1940** (b) **Mrs Guy Freeman**  
 (Date received local registrar) (Registrar's signature)

**23. Signature** **Arthur D. Supt** (M. D. or other) **MD**  
 Address **50 W. E. Court** Date signed **8/3/40**

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

9

RECEIVED

Greene County Health Office,

County File Number 40-8-60

Date Filed 8-13-40

---

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 William Max Pho

Licensed Embalmer No 4071

P. O. Address Springfield

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.