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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18555

Registration District No. 1046 Primary Registration District No. ~~[illegible]~~ 5810 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town ~~Spring City - Rural~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. - Joplin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life Time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Spring City - Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Earnest Cleveland Cornell
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
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December (Month) 17 (Day) 1882 (Year)

8. AGE: Years 58 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Hornet (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Groceryman
11. Industry or business Grocer Store
FATHER
12. Name John Edward Cornell
13. Birthplace ~~England~~ (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Elizabeth Brumbaugh
15. Birthplace ~~Ohio~~ (City, town, or county) Ohio (State or foreign country)
16. (a) Informant E. E. Cornell
(b) Address Spring City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Cemetery
18. (a) Signature of funeral director Don Tetrick
(b) Address Joplin, Mo Thornhill-Dillon Mort
19. (a) 5-27-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26 year 1941 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from 1939, to May 26, 1941; that I last saw him alive on May 26, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	
Due to Four strokes of apoplexy	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Dr. E. H. Weygandt (or other) D.O.
Address 719-20 Fresco Bldg. Date signed 5-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-912
Date Filed JUN 9 1941

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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, Mo

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

If this body is not embalmed, fact should be so stated above.