

FILED NOV 11 1942

Registration District No. 37

Primary Registration District No. ~~456~~ - 4456

Registrar's No. 38

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

003

1. PLACE OF DEATH

(a) County St Clair

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

(c) Name of hospital or institution: 5-mi South Appleton City
(If not in hospital or institution, write street number or location)

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

In this community 42 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: 93

(a) State Mo (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERT CORNISH

3. (b) If veteran, name war Nous

3. (c) Social Security No. Nous

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to Oct 13, 1942
that I last saw him alive on Oct 11, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Cornish 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 27 1867
(Month) (Day) (Year)

Immediate cause of death Stenosis

8. AGE: Years 75 Months 9 Days 16 If less than one day _____ hr. _____ min.

Due to Cancer of tongue

9. Birthplace Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name William Cornish

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bonimus

15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Carroll Cornish

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Oct 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Oct 15 1942 (b) Allyn Davidson
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. L. Thomas (M. D. or other) M.D.

Address Appleton City Mo Date signed 10-15-42

1101

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~~10/14~~
RECEIVED

District Health Officer No: 7,

District File Number 11-42-1199

Date Filed 11-9-42,

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 Me

On the 13th day of Oct-1942, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City mo

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, fact should be so stated above.