S. No. 2
M—5-42
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25640

State File No.

FILED JUL 17 1943

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 91

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Burlington Junction
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter Cornell
3. (b) If veteran, name war
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Alice Cornell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 4 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days If less than one day hr. min.

9. Birthplace Esperence N.Y. (City, town, or county) (State or foreign country)
10. Usual occupation carpenter
11. Industry or business
FATHER
12. Name William Cornell
13. Birthplace Esperence N.Y. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Cornell
(b) Address Maryville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) 6-11-43 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 43 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 5/10, 1943 to 6/4, 1943
that I last saw him alive on 6/4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 6 wks
Due to arteriosclerosis — 2
Due to Chr. Myocarditis
Due to Chr. Nephritis
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.

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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 B. K. Dylong (M. D. or other) MD
Address Maryville Mo. Date signed 6/11/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 7539

P. O. Address.....

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.