DEC 13 1943

. S. No. 2
OM—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38[illegible]

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 158

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hospital Trenton Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 57-3-2
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy
(c) City or town: Rural Spickard
(If outside city or town limits, write "RURAL")
(d) Street No.: R F D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lottie Hein
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 20 (Day) 1886 (Year)

8. AGE: Years 57 Months 3 Days 2 If less than one day hr. min.

9. Birthplace: Grundy Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER
12. Name: Larkin D. Cornwell
13. Birthplace: Grundy Co. (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name: Martha L. Schooler
15. Birthplace: Mercer Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant: Morace Hein
(b) Address: Spickard Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cem Grundy Co Mo
18. (a) Signature of funeral director: Scholers Funeral Home
(b) Address: Spickard Mo
19. (a) 11-24-43 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1943 hour 5 minute 05 P.M.
21. I hereby certify that I attended the deceased from Nov. 14, 1943, to Nov. 22, 1943; that I last saw him alive on Nov. 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exfoliative Dermatitis	3 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 153.2
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: C H Cullers M.D. (M. D. or other)
Address: Trenton Mo Date signed 11-25-43

1830 (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 Ross Hise

Licensed Embalmer No. 3971

P. O. Address Springfield 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.