No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41576

FILED JAN 12 1944

Registration District No. [illegible] Primary Registration District No. 1000 Registrar's No. 1463

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community: 12 hours

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

3. (a) PRINT FULL NAME: James Benjamin Cornelius
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 12 (Day) 1941 (Year)

8. AGE: Years 2 Months 4 Days 17 If less than one day hr. min.

9. Birthplace: Easton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Loren Benjamin Cornelius
FATHER 13. Birthplace: Easton (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Katherine Schindler
MOTHER 15. Birthplace: Cosby (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Katherine S. Cornelius
(b) Address: Rural #2, Easton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/31/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St., St. Joseph, Mo.
19. (a) 12-31-43 (Date received local registrar) (b) Rose Heyong (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th. year 1943 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from Dec 28, 1943 to Dec 29, 1943 that I last saw him alive on Dec 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to: Influenza	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypothyroidism	2 yrs

Major findings:
Of operations: 330
Of autopsy: Same

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?
While at work? (Specify type of place) (e) Means of injury:
23. Signature: R. Roger Moore (M. D.)
Address: St. Joseph Mo Date signed: 12/30/43

1233 (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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.