

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2352
Do not use this space.

FILED FEB 15 1944

1. PLACE OF DEATH
 (a) County Camden Registration District No. 50
 (b) Township Osage Primary Registration District No. 5779 Registered No. 6
 (c) City Camdenton (d) Street No. 1 Gen. Del. St. 15
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Logan Cornwall
 (a) Residence, No. Camdenton - Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Mose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/28/1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>8</u>	<u>16</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. black smith
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Missouri

FATHER
 13. NAME James Cornwall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ola 1

MOTHER
 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

17. INFORMANT (ADDRESS) Gladys Walters Camdenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Cem DATE 1/16/44 19.

19. FUNERAL DIRECTOR (ADDRESS) Banks-Woolery Camdenton, Mo

20. FILED Feb 3 1944 Earl Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1944

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1944 to Jan 14 1944
 I last saw him alive on Jan 14 1944 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Mitral insufficiency of heart Chronic Date of onset 4.2

Other contributory causes of importance: 92b

Name of operation none Date of
 What test confirmed diagnosis: Physiogn as there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Physiogn M. D.
 (Signed) Earl Nelson M. D. (Address) Camdenton Mo

1339

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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50M-7-20-37 I X12004

1-44-171
2-14-44

STATEMENT BY LICENSED EMBALMER

I, Abbie Benson Woolery, Licensed Embalmer No. 2488
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Abbie Benson Woolery
Licensed Embalmer No. 2488

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.)