V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21740

FILED JUN 28 1944

Registration District No. 28 1944 Primary Registration District No. 2001 Registrar's No. 288-C

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1819 Florida
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GLEN CORNWELL
3. (b) If veteran, name war
3. (c) Social Security No. 495-01-5670
4. Sex 0 male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lorette
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March (Month) 9 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
53	2	26	hr. min.

9. Birthplace Delta (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Lumber Yard
11. Industry or business Managare
FATHER
12. Name William A Cornwell
13. Birthplace not known 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Allie Utterback
15. Birthplace not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lorette Cornwell
(b) Address 1819 Florida Joplin, Mo
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fayetteville Ark
18. (a) Signature of funeral director [signature]
(b) Address Neosho, Mo
19. (a) 6-6-44 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1944 hour 3 minute 30 a M.
21. I hereby certify that I attended the deceased from 6/3/44, 19__, to 6/5/44, 19__; that I last saw him alive on 6/5/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Hemorrhage, Coronary Occlusion.
Due to: Hypertension, & chronic Nephritis (Interstitial)
Due to: CRC, of Lungs, Liver, Heart, Kidneys.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

131a

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 0
23. Signature Ernest Johnson Jr MD (M.D. or other) MD
Address 6 C Fresco Joplin Mo Date signed 6/6/44

1207

(Licensed Embalmer's Statement on Reverse Side)

44-6-42

APR 11 1945

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 J. C. Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.