S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37118

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 623 N 6th St 4 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Robert Lee Cornelius

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nelie Cornelius

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov (Month) 4 (Day) 1877 (Year)

8. AGE: Years 67 Months x Days 23 If less than one day hr. min.

9. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Hopper-Pollard Drug Co

FATHER
12. Name Robert A. Cornelius
13. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Fannie B Diggs
15. Birthplace Howard Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Nelie Cornelius

(b) Address 623 N 6th St Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. Owlett

(b) Address Columbia

19. (a) 11-30-44 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27th year 1944 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 1st 1944, to Nov 27th 1944 that I last saw him alive on Nov 27th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Stroke of Paralysis)

Due to Chronic Bright's Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Lloyd Simpson (M. D. or other)

Address 506 Cherry St Columbia Mo Date signed 11-29-44

1250

(Licensed Embalmer's Statement on Reverse Side)

OCT - 5 1945

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 12-14-44

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 T. O'Brien

Licensed Embalmer No. 3183

P. O. Address Columbia 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.