

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2523**
Registrar's No. **32**

FILED JAN 24 1945

Registration District No. **756** Primary Registration District No. **2001**

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

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether lifetime) (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Stanley Earl Cornford**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 1 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 15 hr. min.

9. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Sidney Earl Cornford**

13. Birthplace **Portland Oregon**
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Louise Harrier**

15. Birthplace **Webb Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sidney Earl Cornford**

(b) Address **827 N. Parler**

17. (a) **Burial** (b) Date thereof **Jan 17 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cem**

18. (a) Signature of funeral director **Thornhill Nelson**

(b) Address **7th & Wall St**

19. (a) **1-15-45** (b) **G. E. Coats**
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. **827 N. Parler** **5**
(If apt, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **(11)**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **15th**
year **1945** hour **1** minute **30 a** M.

21. I hereby certify that I attended the deceased from **Jan 14 1945** to **Jan 14 1945**
that I last saw him alive on **Jan 14 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to _____

Due to **107**

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **G. E. Coats** (M. D. or other) _____
Address **Joplin Mo** Date signed **1-15-45**

1264

45-1-32

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..... *David Dillon*.....

Licensed Embalmer No. *3898*.....

P. O. Address..... *Joplin, 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.