

FILED JUL - 6 1946

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 741

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 7 hours
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Route 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles M. 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

7. Birth date of deceased Dec 5 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Junction City, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business
12. Name George W. Cornelius

13. Birthplace Va (City, town, or county) (State or foreign country)

14. Maiden name Anna M. Burg (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Cornelius

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 6/26/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Junction City, Ks.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) June 29, 1946 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 19 1946 to June 23 1946 that I last saw him alive on June 23 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Due to: Hypertension

Duration

5 days

Other conditions (include pregnancy within 3 months of death)

83a1

Major findings: Of operations

Of autopsy

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: Herai Besh (M. D. or other) Address: King Hill Blvd. Date signed: 6/27/46

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

117

15378

34

JUL 10 1946

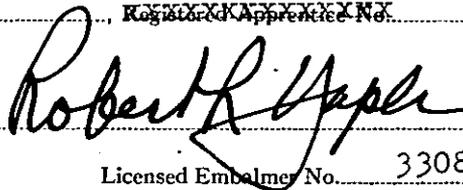
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXX~~.....

~~XXXXXXXXXXXXXX~~
Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.