DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

Registration District No. 207

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5757

State File No. 14174

Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Maries

(b) City or town: High Gate Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether
In this community: 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63

(a) State: Mo. (b) County: Maries

(c) City or town: High Gate Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Cornelius Will

3. (b) If veteran, name war:

3. (c) Social Security No.:

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 alive: years

7. Birth date of deceased: July (Month) 23 (Day) 1869 (Year)

8. AGE: Years 79 | Months 7 | Days 25 | If less than one day: hr. min.

9. Birthplace: Herman (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation: Farmer

11. Industry or business: 9

FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Social Security Office
(b) Address: Vienna, Mo.

17. (a) Burial (Burial, Cremation, or removal) (b) Date thereof 3-20-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Vienna, Mo.

18. (a) Signature of funeral director: W. O. Cunningham
(b) Address: Vienna, Mo.

19. (a) 4-7-47 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from Mar 15 1947 to Mar 18 1947 that I last saw him alive on Mar 15 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to:	
Due to:	
Other conditions: hon (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: No

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: 0

23. Signature: O. A. Jones (M. D. or other)

Address: Belle Mo Date signed: Mar 24/47

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-21-42

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 H O Bumingham

Licensed Embalmer No. 3664

P. O. Address Vienna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.