

REC'D JUL 17 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23489  
Do not use this space.

1. PLACE OF DEATH

(a) County Vermon Registration District No. 875  
(b) Township Center Primary Registration District No. 6160 Registered No. 148  
(c) City Nevada (d) Street No. Nevada, Mo. R.F.D. St. RE.D.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

654 Mary Alice Cornelius  
(a) Residence, No. Nevada, Mo. R.F.D. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. B. Cornelius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 7 6

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

FATHER  
13. NAME Clay Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

MOTHER  
15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

17. INFORMANT (ADDRESS) Mr. James Vahr Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oldsboro Springs, Mo DATE June 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada, Mo

20. FILED June 12, 1939 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr 1939 to May 31, 1939

I last saw her alive on May 29, 1939. Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

Nephritis 1939  
Date of onset Apr. 1939

Other contributory causes of importance:

Terminal uremia

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Dr. King, M. D.

(Address) Nevada, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-103

Date Filed 7-13-39

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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 Personally

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Lloyd R. Winsett

Licensed Embalmer No. 3867

P. O. Address Ywata, 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, above space should be left blank.