

No. 2
1-10-39
-17-39
X21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8098**

FILED MAR 9 1942
Registration District No. **875**

Primary Registration District No. **6162**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3428 8 mo 8 bdy. State Hospital
(If out in hospital or institution, write street number or location Nevada)
(d) Length of stay: In hospital or institution 3 yrs 8 mo 8 bdy
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mc Donald
(c) City or town Pineville
(If outside city or town limit, write "RURAL")
(d) Street No. Mc Donald Co Home
(If rural, give location)
(e) If foreign born, how long in U. S. A. Nat Kuan years.

3. (a) PRINT FULL NAME CORNELIUS FLORIN

3. (c) Social Security No. None
8. (b) If veteran, name war Nat Kuan

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 Jan 1915 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 1 1 hr. min.

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

10. Usual occupation Mechanic

11. Industry or business _____

12. Name J. W. Florin

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

14. Maiden name Jacque Valois

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

16. (a) Informant State Hospital Records
(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 2/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Chapelry

18. (a) Signature of funeral director Allen O. Hayes
(b) Address Nevada, Mo
19. (a) 2/24/42 (b) Allen O. Hayes
(Date received local registrar) (Registrar's signature)

775 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th
year 1942 4 hour 50 minute P. M.

21. I hereby certify that I attended the deceased from Aug 24th, 1939, to Feb 20th, 1942
that I last saw him alive on Feb 20th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis

Due to _____
Due to _____
Other conditions 138
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Bilateral Pulmonary T.B. Congestion of Spleen Lung. C.P.E. Liver.

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 _____

28. Signature G.S. Waraich (M. D. or other) O
Address Nevada, Mo Date signed 2/24/42

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

8
2

RECEIVED

District Health Officer No. 7,

District File Number 3-42-200

Date Filed 3-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed *not embalmed* by ~~me~~, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Allen E. Hoyle*

Licensed Embalmer No. 1968

P. O. Address *Nevada, N*

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.