S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1942

Registration District No. 2425

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24860

Primary Registration District No. 5837

Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
Station Hospital, Camp Crowder, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - -
In this community: 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Michigan (b) County: Emmet 20
(c) City or town: Petoskey (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #3
(If rural, give location)
(e) Citizen of foreign country? No (or No) 2
If yes, name country: - -

3. (a) PRINT FULL NAME: Soloman F. Cornelious

3. (b) If veteran, name war: - -

3. (c) Social Security No.: - -

4. Sex: Male 4

5. Color or race: Indian

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: October (Month) 5, (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	9	4	3 hr. 5 min.

9. Birthplace: Greenbay (City, town, or county) / Wisconsin (State or foreign country)

10. Usual occupation: Soldier

11. Industry or business: U. S. Army

FATHER
12. Name: Fred Cornelious
13. Birthplace: unknown (City, town, or county) 9 unknown (State or foreign country)

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

16. (a) Informant: Soldier's Service Record
(b) Address: Camp Crowder, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 13, 1942 (Month) (Day) (Year)
(c) Place: burial ~~XXXXXX~~ Green Bay, Wisconsin

18. (a) Signature of funeral director: F. W. Knell
(b) Address: Carthage, Missouri

19. (a) 7-11-1942 (Date received local registrar) (b) Barley Thompson (Registrar's signature)

1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1942 hour 3 minute 5 AM.

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

Immediate cause of death: Shock — Duration

Due to: Electricity

Due to: 193

Other conditions (Include pregnancy within 3 months of death): 35

Major findings:
Of operations:

Of autopsy: those of electrocution

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): accident
(b) Date of occurrence: July 10, 1942 073
(c) Where did injury occur? Neosho, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) 0
While at work? No (e) Means of injury: high tension wire

23. Signature: M. E. WINDMILLER, Capt MC (M. D. or other)
Address: Station Hospital, Camp Crowder, Mo. Date signed: 7/11/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1272
Date Filed AUG 17 1942

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.