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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43236**

FILED JAN 10 1948 68

Registration District No. **1948 68**

Primary Registration District No. **1205**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Pemscot**

(b) City or town **Godair, Va.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life** _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemscot**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Robert Lee Cornelius**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**
year **1943** hour **5** minute **0** P. M.

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 day and hour stated above.

4. Sex **Male** 5. Color or race **Negro** 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: **Nov. 19 1943**
(Month) (Day) (Year)

Immediate cause of death **Cerebral**
General weakness
due to from birth, no
Medical attention.

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

8. AGE: Years _____ Months _____ Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Pemscot Co. Mo**
(City, town, or county) (State or foreign country)

Major findings: **761c**

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **None**

11. Industry or business _____

12. Name **Robert Cornelius**

13. Birthplace **Shelby Co. Tenn**
(City, town, county) (State or foreign country)

14. Maiden name **Betty Mae**

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

16. (a) Informant **Robert Cornelius**

(b) Address **Portageville, Mo R.F. 2**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-26-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Portageville**

18. (a) Signature of funeral director **F. J. Creamer**

(b) Address **Portageville, Mo**

19. (a) **11 26 43** (Date received local registration) (b) **J. F. Creamer** (Registrar's signature)

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)
(c) Means of injury

23. Signature **Julius V. Moore** (M. D. or other) **Coroner**

Address **Wayne, Mo** Date signed **11/26/43**

12-43-336

STATEMENT BY LICENSED EMBALMER

not

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 *Noel C. Dean*

Licensed Embalmer No. *3941*

P.O. Address *Portageville*
Missouri

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.