

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15245

State File No. _____

FILED APR 28 1944

Primary Registration District No. 3046

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Sanatorium
(If not in hospital or institution, write street number or less loc.)
(d) Length of stay: In hospital or institution Eight weeks
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cornelia Alice

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Nov 12 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
81 4 11 hr. min.9. Birthplace Moniteau Co MO
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Johnny Stinson13. Birthplace Moniteau MO
(City, town, or county) (State or foreign country)14. Maiden name Cornelia Stinson15. Birthplace Moniteau MO
(City, town, or county) (State or foreign country)16. (a) Informant A. J. Allen(b) Address California MO17. (a) Burial (b) Date thereof 5/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Masonic Cem18. (a) Signature of funeral director William D. Fred Meyer(b) Address California MO19. (a) 3-27-44 (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 6 minute — a.m.21. I hereby certify that I attended the deceased from 1940
_____ 19 _____ to 3-23 19 44
that I last saw her alive on 3-22 19 44
and that death occurred on the date and hour stated above.Immediate cause of death nephritis, chronic Duration 6 mo.

Due to _____

Due to _____

Other conditions Bronchitis 131
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____Of autopsy none

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 —23. Signature L. L. Latham (M. D. or not) _____Address California MO Date signed _____

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-27-44

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. E. Friedman

Licensed Embalmer No. *21854*

P. O. Address *California*

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.