No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1990

State File No. _____

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Fulton (If outside city or town limits, write "RURAL")
(d) Street No.: 302 St. Louis Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Sarah Elizabeth Corless
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Cornelius Corless
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb. (Month) 20 (Day) 1866 (Year)

8. AGE: Years 74 Months 10 Days 12 If less than one day: hr. min.

9. Birthplace: Callwood (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: _____
MOTHER FATHER
12. Name: Spencer Wright
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Ellen Ecton
15. Birthplace: Maryland (City, town, or county) (State or foreign country)
16. (a) Informant: Edith Hoffey
(b) Address: Fulton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest
18. (a) Signature of funeral director: Leo Wallace
(b) Address: Fulton Mo.
19. (a) Jan. 3, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1941 hour 9:00 minute 25 A.M.
21. I hereby certify that I attended the deceased from 12/27, 1940, to 1/2, 1941; that I last saw her alive on 1/2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of right femur	12/27/40
Due to: trauma by fall in backyard on 12/27/40	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Terminal Bronchopneumonia	1/1/41

Major findings:
Of operations: —
Of autopsy: —

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: 12/27/40
(c) Where did injury occur? Fulton (City or town) Callaway (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In her backyard (Specify type of place)
While at work? yes (e) Means of injury: trauma by fall

23. Signature: Henry Dwyer (M. D. or other) M.D.
Address: Fulton, Mo. Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 James O. Mudd

Licensed Embalmer No. 452

P. O. Address Fulton, 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.