S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31621

Registration District No. ..... Primary Registration District No. 4545 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112
(c) City or town Marshfield /
(If outside city or town limits, write "RURAL")
(d) Street No. x 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Alexander Cornelison

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ada J. Cornelison
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November - 15 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	9	16	x hr. x min.

9. Birthplace Webster County - Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer & Laborer
11. Industry or business Homes

FATHER
12. Name Garette Cornelison
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mervie Barnett
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada J. Cornelison
(b) Address Marshfield, Mo.
17. (a) Burial (b) Date thereof 9 - 2 - '45
(Burial, ~~cremation, or removal~~) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Box Cemetery
18. (a) Signature of funeral director Lux Lainey
(b) Address Marshfield, Missouri
19. (a) 9/12/45 (b) J G McKinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from August 19, 1944, to Sept. 1, 1945
that I last saw him alive on Aug. 31 6:30AM. 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration Week

Due to Cardio-Vascular, Hyper-tensive Disease — Many Years

Due to

Other conditions
(Include pregnancy within 3 months of death)

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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. R. MacDonald (M. D. or other) M.D.
Address Marshfield, Mo. Date signed 9/1/45

1505

(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 Lex Lanier

Licensed Embalmer No. 3312.

P. O. Address Marshfield, 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.