

No. 2  
1-5-43  
5-17-39  
I X26671

State File No.

FILED SEP 30 1946

Registration District No.

Primary Registration District No. 5867

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 7 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer (Rural) 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Cornelius

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Emma Huffman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 15 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15  
year 1946 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 6  
1946 to Aug 15 1946  
that I last saw him alive on Aug 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Ten years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Infected Teeth Unknown  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 94P

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

8. AGE: Years 56 Months 5 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Oxford Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name John Franklin Cornelius

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Smith

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

16. (a) Informant Mrs. Elmer H. Cornelius  
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 8/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Edmond Carter  
(b) Address Thayer, Mo.

19. (a) 9-21-46 (b) Edith Larass  
(Date received local registrar) (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) (e) Means of injury 0

23. Signature J. H. Barnes (M. D. 0)  
Address Thayer, Mo. Date signed Sept 6 46

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

RECEIVED

District Health Officer No. 5,

District File Number 946 529

Date Filed 9-26-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.