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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40104

Registration District No. 4

Primary Registration District No. 5411

Registrar's No.

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Bruner, Rural Spencer Twp.
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME MARtha JANE Cornelison

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

4. Sex Female 5. Color or race White 6. (c) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Douglas Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Daniel Pogue

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

14. Maiden name Lindsey Smith

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

16. (a) Informant Mrs. Anna Parker

- (b) Address Bruner, Missouri

17. (a) Burial (b) Date thereof Nov. 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Union Chapel Cem.

18. (a) Signature of funeral director Kelley, Russell, Bugman

- (b) Address Heidland, Missouri

19. (a) Jan. 10, 1947 (b) Vestal Burman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
(c) City or town Bruner, Rural Spencer Twp.
(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 Nov day 19
year 1946 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Nov-19- 19 46
to Nov-18- 19 46
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
with Acute dilatation

Due to Atherosclerosis
& Nephritis

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

Major findings:
Of operations _____
Of autopsy _____

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) _____
23. Signature W. Warren H. Kilgus M.D. or other _____
Address Sparta, Miss. Date signed 2-17-46

(Licensed Embalmer's Statement on Reverse Side)

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

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. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland, Me.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan 82
Registrar's No. 82

Registration District No. 54101 Primary Registration District No. 5411

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town 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)

3. (a) PRINT FULL NAME Martha J. Cornelison

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased June 16 1886
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan. 10 - 47 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1946 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Jan 10 1946, 1946;
that I last saw him alive on Jan 10 1946, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Duration

Due to

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?

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

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

40104