

No. 2
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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAR 13 1947
 Registration District No. 372

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7681

State File No. _____

Primary Registration District No. 6264

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County Webster
 (b) City or town Diggins, Hopkewood 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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Webster
 (c) City or town Diggins, Hopkewood Twp.
(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 _____

3. (a) PRINT FULL NAME Ida May Cornelison
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Feb day 14
 year 1947 hour 12:40 minute _____ A.M.
 21. I hereby certify that I attended the deceased from Feb 9 1947 to Feb 14 1947
 that I last saw her alive on Feb 13 1947
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) ~~Single, widowed, married,~~ divorced
 6. (b) Name of husband or wife Albert Cornelison 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1874
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia
 Due to Cerebral Hemorrhage
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. **AGE:** Years 72 Months 9 Days 5 If less than one day _____ hr. _____ min.
 9. Birthplace Jason Co. Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Duration 4 days
10 days
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Jim Mc Hill
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Sally Jessup
 15. Birthplace Unknown (City, town, or county) (State or foreign country)
 16. (a) Informant Albert Cornelison
 (b) Address Diggins Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 47 (Month) (Day) (Year)
 (c) Place: burial or cremation Wentz Cemetery
 18. (a) Signature of funeral director Kelley Ferrell Berryman
 (b) Address Diggins Mo.
 19. (a) Feb 23 47 (Date received local registrar) (b) Gilbert Jones (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 _____
 23. Signature J. A. Fuson (M. D. or other) _____
 Address 2 Mansfield St Date signed 2-15-47

343

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 347-291
Date Filed MAR 6 1947

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 Frodland, 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.