S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35178

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(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 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Thayer 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mattie Augusta Cornelius

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

3. (c) Social Security No. --

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Franklin Cornelius

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

7. Birth date of deceased August (Month) 10 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	11	23	hr. min.

9. Birthplace Howell County (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cem.

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

19. (a) 10-2-47 (Date received local registrar) (b) Edith Cerasi (Registrar's signature) 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1947 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart Disease	2 mo
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature C W Cooper M.D. (M. D. or other)
Address Thayer Mo. Date signed 9-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Cooper.

RECEIVED
District Health Officer No. B,
District File Number 1047565
Date Filed 10-17-47

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.