

FILED JUL 9 1946
Registration District No. 190

Primary Registration District No. 3024

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Two weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Alma May Marble Cornelison

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

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

6. (b) Name of husband or wife Charles M. Cornelison 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 22, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 2 If less than one day hr. --- min.

9. Birthplace Deruyter, New York
(City, town, or country) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business -----

12. Name Thomas F. Marble

13. Birthplace Deruyter, N. Y.
(City, town, or country) (State or foreign country)

14. Maiden name Martha E. Coon

15. Birthplace Deruyter, N. Y.
(City, town, or country) (State or foreign country)

16. (a) Informant Paul Cornelison
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 6/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman Missouri
Ralph A. Carr
(d) Signature of funeral director Fayette, Missouri

18. (a) Signature of funeral director Fayette, Missouri
(b) Address -----

19. (a) June 25, 1946 (b) Doyle J. Carr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from June 16
1946 to June 24, 1946
that I last saw her alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation in
uremia Duration 6 wks.

Due to Chronic myocarditis ?

Due to -----

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None 930
Of autopsy None

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) (e) Means of injury ---
23. Signature J. Shaw (M. D. or other) M.D.
Address Fayette, Mo Date signed 6-25-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-8-46

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 *Ralph A. Carr*.....

Licensed Embalmer No. *3340*.....

P. O. Address *Fayette 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.