. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

Registration District No. 2 4

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 18339

Registrar's No. 100

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 502 East Jackson (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) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri County: Saline
(c) City or town: Marshall, Mo. (If outside city or town limits, write "RURAL") 97
(d) Street No.: 502 E. Jackson (If rural give location) 14
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: None

3. (a) PRINT FULL NAME: Annie Rebecca Cornelius
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Female 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: July (Month) 6 (Day) 1911 (Year)

8. AGE: Years 36 Months 10 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace: Marshall (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House work
11. Industry or business: " "
MOTHER FATHER
12. Name: Thomas Cornelius
13. Birthplace: North Marshall, Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Cora Turner
15. Birthplace: Malta Bend Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Elizabeth Cornelius
(b) Address: Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Marshall, Mo.
18. (a) Signature of funeral director: Gilmore & Sons
(b) Address: Marshall, Mo.
19. (a) 5-15-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th 48 year 5 hour 7:30 minute A.M.
21. I hereby certify that I attended the deceased from May 8th, 1948 to May 10th 1948 that I last saw her alive on May 10th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Don't Know
Due to:	
Due to:	
Other conditions: Gastritis (Acute) (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? —
While at work? — (Specify type of place) (e) Means of injury: —
23. Signature: W. H. Madison (M. D. or other)
Address: Marshall, Mo. Date signed 5-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 5-19-48

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 George H Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.