

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43758
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Washington Primary Registration District No. 5375
 (c) City Kendrick Route 1 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 632 P. ALVIN Cords St.
Peru, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1939

7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, 2 hrs. or 2 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. —
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Mo

FATHER 13. NAME Henry Cords

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Mo

MOTHER 15. MAIDEN NAME Gheresa Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Peru

17. INFORMANT (ADDRESS) Henry Cords

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo DATE 12/10/39

19. FUNERAL DIRECTOR (ADDRESS) Antone Wood Co, Festus, Mo

20. FILED 12/11, 1939 J. E. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1939, 1939, from 10:45 a.m. to 11:00 a.m.

I last saw him alive on Dec 9, 1939, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia due to premature separation of placenta in a complete placenta praevia

Date of onset

Other contributory causes of importance: 16 1/2

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) Clayton J. Bennett, M. D.

(Address) Peru, Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)