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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42245

State File No.

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 135

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 825 FOURTH STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 3

In this community THREE YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town BOONVILLE (If outside city or town limits write "RURAL")

(d) Street No. 825 FOURTH STREET (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MRS NORA M. CORDRY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife W.H. CORDRY

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

7. Birth date of deceased AUGUST (Month) 28 (Day) 1872 (Year)

8. AGE: Years 68 Months 4 Days 24 If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME 0

11. Industry or business HOME 0

MOTHER FATHER

12. Name GEORGE DAVIS 0

13. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name MATILDA MAHAN

15. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant ARTHUR PUTNAM

(b) Address BOONVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation BUNCETON MASONIC CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 12-26-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 21st year 1940 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from Nov 7, 1937, to Dec 21, 1940; that I last saw he alive on Nov 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	about 1 year
Due to General Arteriosclerosis	about 4 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	about 4 years

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Tincher (M. D. or other) M.D.

Address Boonville Mo Date signed Dec 23 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 1-8-41
Date Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.