

JAN 8 1941

Registration District No. 1099

Primary Registration District No. 1868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Wardell Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wardell R. Hos.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6  
(Specify whether \_\_\_\_\_)  
In this community 2  
years, months or days

8. (a) PRINT FULL NAME Geraldine Cordell

8. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased Sept 16, 1930  
(Month) (Day) (Year)

8. AGE: Years 10 Months 20 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Blacks Lake Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Howard Cordell  
18. Birthplace Wichita, Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Walter Davis  
15. Birthplace Egypt, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 10 7 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Postageville, Mo.

18. (a) Signature of funeral director Death Service  
(b) Address Pemiscot Mo.

19. (a) 1-1-41 (b) J.R. Greasy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Wardell Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Auto Accident Duration \_\_\_\_\_

Head and body injuries

Due to a truck ran into a parked car in which this child was

Due to in.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: accident

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Oct. 6 1940

(c) Where did injury occur? Wardell Pemiscot Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public highway  
(Specify type of place)

5 While at work (e) Means of injury \_\_\_\_\_

23. Signature Jack Kelly Coroner (M. D. or other) 5

Address Hayti Mo. Date signed 10/6/4

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1-41-10

**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, above space should be left blank.**