. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41408

Registration District No. JAN 13 42 85

Primary Registration District No. 1001

Registrar's No. 1226

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: State Hosp. #2 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 - Mos. 7 da. (Specify whether In this community 4 mo. 7 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 11

(c) City or town Odessa 1 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 7 (If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Morefield Corder

3. (b) If veteran, name war UNK

3. (c) Social Security No. none

4. Sex Male U

5. Color or race White

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

6. (b) Name of husband or wife ? Nellie Hubbard

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

7. Birth date of deceased ? (Month) ? (Day) 1861 (Year)

8. AGE: Years 80 | Months ? | Days ? | If less than one day ___ hr. ___ min.

9. Birthplace Lafayette, Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business

FATHER
12. Name Elev. Corder
13. Birthplace Fr. (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Ann Grant
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Lucile Bryant

(b) Address Sedalia, Mo. R.D.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital #2

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) 12/27/41 (Date received local registrar) (b) H J Heatlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1941 hour 6 30 minute A.M.

21. I hereby certify that I attended the deceased from Aug-19- 1941, to Dec-26- 1941 that I last saw him alive on Dec-26 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	10 days.
Due to Acute parotiditis	2 wks.
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) Local pulmonary abscesses with pleural adhesions	X

Major findings:
Of operations 44 C
Of autopsy same as above

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 T. T. O'Dell (M. D. or other)

Address St. Joseph Date signed 12/26/41

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(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph Mo

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

If this body is not embalmed, fact should be so stated above.