V. S. No. 2
30M—9-4-41
Rev. 5-17-39
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FILED AUG 24 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 384 Primary Registration District No. 5535 Registrar's No. 63

46
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howell
(b) City or town "Rural" Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Mi. N. West Plains 3 on Hgw. 63
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell 46
(c) City or town West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. 325 Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CECIL WILLIAM CORDELL
3. (b) If veteran, name war No.
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Ford Cordell
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased December (Month) 14, (Day) 1905 (Year)

8. AGE: Years 36 Months 6 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Oregon County, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Truck firm operator.
11. Industry or business Transport trucks & trailers.
FATHER
12. Name Alferd Cordell
13. Birthplace West Plains, (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Martha Kelly
15. Birthplace West Plains, (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Grace F. Cordell.
(b) Address West Plains, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Howell Valley Cem. Howell County, Mo.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.
19. (a) 7-5-42 (Date received local registrar) (b) Earl Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 11: minute 45 p.m.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental loss of blood. | Duration
Due to wounds above left eye and above left knee.
Due to upset of auto that the deceased was driving.
Other conditions shock, broken shoulder bone, leg and broken nose.
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 3, 1942 045
(c) Where did injury occur? Highway 63 (City or town) Howell, (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway. (Specify type of place)
While at work? No. (e) Means of injury Auto accident
23. Signature John F. Lincoln Coroner
Address Mt View Mo. Date July 4 42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 74206
Date Filed 8-19-42

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.