No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29380
Registrar's No. 3510

Registration District No. 149
Primary Registration District No. 1602

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1332 East 30th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 18 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 East 30th st
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frederick J. Cord
3. (b) If veteran, name war - No
3. (c) Social Security No. No
4. Sex Male
5. Color or race 10h
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Dec 31 (Month) 1874 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	8	23	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Wire Chief
11. Industry or business Pastel Tel Co. retired
FATHER
12. Name Theodore Cord
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Kelley
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Florence Cord
(b) Address 1332 East 30th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem
18. (a) Signature of funeral director Susan Mayberry
(b) Address 2315 Linwood
19. (a) 9/24/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1942 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from Sept 19, 1942 to Sept 23, 1942; that I last saw him alive on Sept 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Arteriosclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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. G. Sheldon MD (M. ~~D. or other~~)
Address 922 Wolf Date signed 9-24-42

(Licensed Embalmer's Statement on Reverse Side)

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 Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address K-6 Md

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.