

FILED JUL 8 1943 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2801

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3241 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 22 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Alvina Louise Cordell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Elmer F. Cordell

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 22, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>10</u>	<u>29</u>	hr. min.

9. Birthplace Rockford, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Joseph Gartman

13. Birthplace Germany H
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Ikemeyers

15. Birthplace Germany H
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer F. Cordell

(b) Address 1014 Agnes, K.C. Mo.

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof June 24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 6-22-43
(Date received local registrar)

(b) J. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1014 Agnes
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 9-26, 1942 to 6-21, 1943
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pertussis Disease
Bronchial Pneumonia

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. E. Brown (M. D. or other) _____
Date signed 6-22-43

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

MOTHER FATHER

Dr. Chas. C. Montgomery,
Argyle Bldg.

W 5335 -
Rm. 5130

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 John P. Shiel

Licensed Embalmer No. 3625

P. O. Address R. 6. 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.