

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 57

Primary Registration District No. 3.028

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
519 E. Third Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Martha Alice Corder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 20 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 8
If less than one day hr. _____ min.

9. Birthplace Palmyra Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name James Corder

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Price

15. Birthplace Princeville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Tabler

(b) Address Jasper, Missouri

17. (a) Burial (b) Date thereof Sept. 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug. 30 '43 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 1943 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from 8-26-43 19 to 8-28-43 19;
that I last saw her alive on 8-28-43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart condition

Due to Uremia of kidneys

Due to Renal disease

Other conditions 130
(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)

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 8-30-43

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

FILED SEP 13 1943

19
1
3

43-8-722

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.....
Emm R. Stuebel

Licensed Embalmer No. *391*

P. O. Address.....
Carthage

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.