

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUN 2 1944
1946 JUN 2 1944
Registration District No. 07740

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21700

State File No. _____
Registrar's No. 67

Primary Registration District No. 4239

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Leis Summit
(c) Name of hospital or institution: 615 So Miller St
(d) Length of stay: In hospital or institution 30 1/2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Leis Summit 48
(d) Street No. 615 Miller 1
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Robert L. Corder
3. (b) If veteran, name war No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1 year 1944 hour 10:30 minute 7 M.
21. I hereby certify that I attended the deceased from 2-16-43 to 6-1-44
that I last saw him alive on 6-1-44
and that death occurred on the date and hour stated above.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife: Florabelle Corder
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: July 21 - 1874

Immediate cause of death: Chronic Myocarditis, Cerebral Hemorrhage
Due to: Hypertension
Duration: 15 yrs

8. AGE: Years 69 Months 10 Days 11
9. Birthplace: Kansas City Mo
10. Usual occupation: Carpenter

Other conditions: _____
Major findings: Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business: _____
12. Name: Paul K. Corder
13. Birthplace: Mo O
14. Maiden name: Ella Boyd
15. Birthplace: Mo I
16. (a) Informant: Mrs. R. L. Corder
(b) Address: Leis Summit Mo
17. (a) Burial (b) Date thereof: 6-3-44
(c) Place: burial or cremation: Leis Summit
18. (a) Signature of funeral director: _____
(b) Address: Leis Summit Mo
19. (a) Date received local registrar: June 2, 1944 (b) F. H. Schuch of F. H. Schuch

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature: _____ (M. D. or other) _____
Date signed: 6-2-44

1162

(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 H. B. Langford

Licensed Embalmer No. 3233

P. O. Address 1600 Summit Ave

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.