

FILED AUG 9 1944

Registration District No. **119**

Primary Registration District No. **1002**

Registrar's No. **3109**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson city**
(c) Name of hospital or institution **Research Hospital**
(d) Length of stay: In hospital or institution **10 weeks**
In this community **10 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Clair**
(c) City or town **Appleton City**
(d) Street No. **93**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Blanche M Cordes**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **#unk**

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 **March 2 1899**

8. AGE: Years **45** Months **4** Days **26** If less than one day _____ min.

9. Birthplace **Pockahontas Missouri**

10. Usual occupation **Doctor assistant**

MOTHER FATHER

11. Industry or business _____

12. Name **A-W. Cordes**

13. Birthplace **Coal Camp Mo**

14. Maiden name **Anna Martens**

15. Birthplace **Coal Camp Mo**

16. (a) Informant **Mrs W. H. Ellett**

(b) Address **Topeka Kansas**

17. (a) **Burial** (b) Date thereof **July 30 1944**

(c) Place: burial or cremation **Appleton City Mo**

18. (a) Signature of funeral director **F. W. Wagner**

(b) Address **7 E. Brown St. Mo**

19. (a) **7-29-44** (b) **T. E. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28** year **1944** hour **76** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **May 19 1944** to **July 28 1944** that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial exhaustion**
Toxic goitre

Due to _____
Due to _____
Other conditions **63b**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Hyperplastic goitre**
Of autopsy **No**

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury **0**
23. Signature **J. M. Montanery** (M. D. or other) _____
Address **Professional Bldg** Date signed **7/29/44**

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

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

Yung

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 Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.