S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1945

Registration District No. 388

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

41912

State File No. 16

Primary Registration District No. 5969

Registrar's No. 16

**1. PLACE OF DEATH:**

(a) County Polk Campbell

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

(c) Name of hospital or institution
2 Miles S.E. of Dunnegan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk 84

(c) City or town Dunnegan (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles S.E. of Dunnegan
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

**3. (a) PRINT FULL NAME** William Luther Corder

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Linda G. Corder

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. 10, 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer and Laborer

11. Industry or business Farming

FATHER
12. Name Thomas Jefferson Corder
13. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Fann
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Linda G. Corder
(b) Address Dunnegan, Mo

17. (a) Burial (b) Date thereof Dec. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dunnegan Cemetery

18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo

19. (a) Dec-19-44 (b) Hovah McAllister
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 9
year 1944 hour 4 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~
, 19__, to , 19__;
that I last ~~saw~~ him ~~alive~~ on Dec. 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlussion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)
94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Willard B. Erwin Coroner ~~(M.D. or other)~~

Address Bolivar, Mo Date signed 12/10/44

1562

(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 Willard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.**