

No. 2
M-2-43
5-17-39

Dr. Hatcher 41402
State File No. 41402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 360

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
207 E Short
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Alma (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 DAISY MAE CORDER
 FULL NAME
 3. (b) If veteran, none name war _____
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 16
 year 1945 hour _____ minute _____ M.

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 2 years 1874 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15
Dec 16, 1945, to _____, 19____;
 that I last saw him alive on Dec 15, 1945
 and that death occurred on the date and hour stated above.
 Immediate cause of death Lobar pneumonia
 Duration 5 da

8. AGE: Years Months Days If less than one day
71 2 14 hr. min.

Due to Influenza 7 da
 Due to _____

9. Birthplace Alma Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions _____
 (Include pregnancy within 5 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name William Wallace Corder
 13. Birthplace Alma Missouri
 (Everly D. Corder) (State or foreign country)
 14. Maiden name Alma Missouri
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Edna L Gunter
 (b) Address 1224 S. Main
 17. (a) Removal (b) Date thereof 12-18-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Alma Missouri
Geo. C. Carson Funeral Home
 18. (a) Signature of funeral director Independence Missouri
 (b) Address _____
 19. (a) 12-18-45 (b) James W. Ross
 (Date received local registrar) (Registrar's signature)

23. Signature J. H. Hatcher (M. D. or other) _____
 Address 1129 W. Lexington Date signed Dec 16

1163

(Licensed Embalmer's Statement on Reverse Side)

Independence Mo

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 *George J. Carrow*
Licensed Embalmer No. *2249*
P. O. Address *Indep 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.