S. No. 2
M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

8639

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 337

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town Industrial City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Industrial City Mo
(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 23 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Industrial City
(If outside city or town limits, write "RURAL")
(d) Street No. Industrial City Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NATHAN-CORDER

3. (b) If veteran, name war No

3. (c) Social Security No. 707-05-7953

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Neva

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 14 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business Burlington R.R.

FATHER
12. Name Wesley Corder
13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Fletcher
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Neva Corder
(b) Address Industrial City Mo

17. (a) 13 (Burial, cremation, or removal) (b) Date thereof March 22 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director Stoney Funeral Home
(b) Address St Joseph Mo

19. (a) March 23-1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1946 hour 4 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 11, 1946 to March 20, 1946 that last saw him alive on March 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Disease Rheumatic	3 yrs
Due to Mitral Stenosis with	
Due to Cardiac Failure	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

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) No
(b) Date of occurrence
(c) Where did injury occur? None
(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 J. G. Thompson (M. D. or other)
Address 825 Charles, St Joseph Date signed 3/20/46

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(Licensed Embalmer's Statement on Reverse Side)

Dr Gregg Thompson

AUG 16 1957

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 John Roy Stamee

Licensed Embalmer No. 2435

P. O. Address St Joseph 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.