

S. No. 2
M-5-43
v. 5-17-39
p. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 23 1946

STANDARD CERTIFICATE OF DEATH

State File No. **16945**

Registration District No. **154**

Primary Registration District No. **5575**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8415 Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

State **MO** (b) County **Jackson**
City or town **Kansas City - "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **8415 Park**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Phillip Corder**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 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: **April 14th 46**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. 15 min.

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

10. Usual occupation **none** LICENSED EMBALMER

11. Industry or business _____

12. Name **James C. Corder** of this certificate on the reverse side of this certificate

13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Marion B. Woodrome**

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

16. (a) Informant **James C. Corder** (b) Address **8415 Park**

17. (a) Burial **Green Lawn Cem.** (b) Date thereof **Apr 16, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **Dr. Curtis G. Hedges**

(b) Address **417 Wornall Rd.**

19. (a) **4/17/46** (b) **Dr. Curtis G. Hedges**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1946** hour **2** minutes **30** P. M.

21. I hereby certify that I attended the deceased from **April 14**, 19**46**, to **April 14**, 19**46**.
that I last saw him alive on **April 14**, 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Persistent Thyroid**
Premature Birth
Due to _____
Due to _____

Other conditions **Congenital heart**
(include pregnancy within 3 months of death)

Major findings: **156**
Of operations _____
Of autopsy _____
Under my personal supervision and the body of the deceased is ready for interment.

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? _____

Signature **Dr. Curtis G. Hedges** (M. D. or other) **M.D.**
Address **417 Wornall Rd., Kansas City, Mo.** Date signed **4-15-46**

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

15827

136

(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.....

Howard J. Roe

Licensed Embalmer No.....

2748

P. O. Address.....

5409 2nd St

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.