S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1947

Registration District No. 146

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 9524

Registrar's No. 65

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: Independence Sanitarium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Fairmount Station, Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 10508 Felton Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME: Mary Dell Cordill
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Samuel M.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 16 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	5	12	hr. min.

9. Birthplace: South Whitley (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business:
FATHER 12. Name: Joseph Parrott
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Catherine Frame
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Samuel Cordill
(b) Address: 10508 Felton -Fairmount Sta.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cem.
18. (a) Signature of funeral director: Geo. A. Lorey
(b) Address: 703 N. 10 St. Kansas City Kansas
19. (a) 3-15-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 1947 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10/11 1944 to 2/28 1947 that I last saw her alive on 2/28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage with left hemiplegia	6 days
Due to arteriosclerosis	yrs
Due to Hypertension	yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
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):
(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: Vance E. Link, M.D. (M. D. or other) 3/1/47
Address: 129 W Lexington, Independence, Mo Date signed

354 (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 Louis A. Long

Licensed Embalmer No. 3417

P. O. Address K. C. K.

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.