

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9843

State File No. ....

FILED APR 3 1948

Registration District No. 296

Primary Registration District No. 6017

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:  
1 mile West of Camden R.F.D. #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 1 mile West Camden R.F.D. 1  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Thomas McCorkendale

3. (b) If veteran, name war None

3. (c) Social Security No. 500 03 4398

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara Cartmill

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 8, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 4 16 hr. min.

9. Birthplace Ray County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Mining

12. Name Robert McCorkendale

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

14. Maiden name Mary Ellen Colley

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara McCorkendale

(b) Address Camden R.F.D. 1, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Quest Life F.H.  
Richmond, Missouri

(b) Address \_\_\_\_\_

19. (a) 3/26/48 (Date received local registrar)

(b) Helena Laska (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1948 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from 2-20-1947 to 3-23-1948  
that I last saw him alive on 3-23-1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 10 days

Due to Chronic Intestinal Nephritis 4 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

131A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Vigil E. Rhoads (M.D. or other) \_\_\_\_\_

Address Camden Mo Date signed 3-25-48

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

9  
0  
0

RECEIVED

District Health Officer No. 2,

District File Number \_\_\_\_\_

Date Filed 4-2-48

---

---

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 \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.**