

No. 300  
-10-47  
5-17-39  
-I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
5318

State File No. 25822  
Registrar's No. 34

Registration District No. 84

Primary Registration District No. 5318

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:  
4 Miles West Syracuse  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: --  
(Specify whether Life)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Lester A. Cordry

3. (b) If veteran, name war None

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosie May Cordry

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 11th 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>25</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business --

12. Name Andrew Cordry

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

14. Maiden name Laura Downs

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

16. (a) Informant Rosie May Cordry (Wife)

(b) Address Syracuse, Mo.

17. (a) Burial (b) Date thereof 8/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director James E. Richard

(b) Address Tipton, Mo.

19. (a) 8-9-48 (b) Nellie Thulett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. 4 Miles West Syracuse  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1948 hour 3 minute 40P.M.

21. I hereby certify that I attended the deceased from 8-2-48 to 8-6-48 and that death occurred on the date and hour stated above.

that I last saw the deceased alive on 8-6-48 1948

Immediate cause of death Stroke Duration 4 1/2 hrs

Right

Due to

Due to

Other conditions 108  
(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?

While at work (c) If type of injury (e) If cause of injury

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 8/11/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-18-48

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed James E. Richard

Licensed Embalmer No. 2466

P. O. Address..... Tipton, 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.**