

No. 300
-10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 37020
347

Registration District No. 146

Primary Registration District No. 5569

1. PLACE OF DEATH:
(a) County JACKSON (Brookings Jwp)
(b) City or town KANSAS CITY, 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11021 EAST OLD U.S. HIGHWAY # 40 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 YEARS
years, months or days

3. (a) PRINT FULL NAME MR. HERBERT 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 MARRIED
6. (b) Name of husband or wife MRS. FANNIE CORDER 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUGUST 30 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 10 If less than one day
hr. _____ min. _____

9. Birthplace ALMA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name CLAY CORDER

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

14. Maiden name _____
15. Birthplace ALMA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FANNIE CORDER

(b) Address 11021 EAST OLD U.S. HIGHWAY #40

17. (a) BURIAL (b) Date thereof NOV. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director A. Newman
(b) Address 1401 BRUSH CREEK BLDG. Q MD.

19. (a) 11-11-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JACKSON
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 11021 EAST OLD U.S. HIGHWAY # 40
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 9TH
year 1948 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw _____ arrive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chromic Coronary Arteriosclerosis
Myocarditis
Due to _____
Hypertensive Myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy above
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 [Signature] (M. D. or other) _____
Address St. Joseph Hospital Date signed Nov 11 1948

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bernard L. Moran

Licensed Embalmer No. 4250

P. O. Address NC 270

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.