N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34495

File No. 474

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. American Bank Bldg., 8 & Delaware St. Ward)

2. FULL NAME Hansel P. Corder

(a) Residence, No. 329 North Drury Avenue St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1910

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
21	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Missouri

FATHER

13. NAME Virgil H. Corder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Rose L Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Virgil H. Corder
(ADDRESS) 329 North Drury, K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs, Mo DATE Oct 18th 1931

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
(ADDRESS) 3811 Broadway, K C, Mo

20. FILED 10/17 1931 M. M. Crouse Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Refused 10-16 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burn	
neck - Tol. Mo.	
23 M 05	

Other contributory causes of importance:

Crushed in elevator
while working

Name of operation ... Date of ...

What test confirmed diagnosis? Negative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury 10-16, 1931

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley M Hall, M. D.

(Address) Deputy Coroner