

REC'D MAY 10 1939

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

13952

Do not use this space.

1. PLACE OF DEATH *Jackson* Registration District No. *399*  
 (a) County *Jackson* Primary Registration District No. *1002*  
 (b) Township *Jackson* Registered No. *1706*  
 (c) City *Jackson* (d) Street No. *2641 E 7th* St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Harold Dew Cordes*  
 (a) Residence, No. *2641 E 7* St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

- |  |   |  |          |  |
|--|---|--|----------|--|
| 3. SEX<br><i>Male</i>  | 4. COLOR OR RACE<br><i>Wht</i>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>Infant</i> |          |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><i>Infant</i>    |   |  |          |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><i>Jan 18 1939</i>                    |   |  |          |  |
| 7. AGE   | YEARS   | MONTHS   | DAYS     | If LESS than 1 day, ..... hrs. or ..... min. |
|  |   | <i>3</i>   | <i>4</i> |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.                                      |  |          |  |
|  | 9. Industry or business in which work was done, as 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)<br><i>Kansas City Mo</i>        |   |  |          |  |
| FATHER   | 13. NAME<br><i>Hubert Cordes</i>  |  |          |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Jesse</i>  |  |          |  |
| MOTHER   | 15. MAIDEN NAME<br><i>Mozella Williams</i>  |  |          |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><i>Vexco</i>  |  |          |  |
| 17. INFORMANT (ADDRESS)<br><i>Hubert Cordes 2641 E 7</i>                         |   |  |          |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><i>Greenway Cemetery Apr. 28 1939</i> |   |  |          |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><i>Ketterer Kansas</i>                  |   |  |          |  |
| 20. FILED <i>Apr 24 39 M. M. Crowe</i><br>Local Registrar.                       |   |  |          |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 22 1939*  
 I HEREBY CERTIFY, That I attended deceased from *March 23 1939* to *April 22 1939*  
 I last saw him alive on *April 20 1939*. Death is said to have occurred on the date stated above, at *5 A. m.*  
 The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia (Primary)*  
*107a*

Date of onset

Other contributory causes of importance:

- Name of operation ..... Date of .....  
 What test confirmed diagnosis? *clin & autopsy* here an autopsy? *yes*  
 23. If death was due to external causes (violence) (fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....  
 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 *3*  
 (Signed) *E. A. King, D.O.*  
 (Address) *Conley General Hosp.*

---

---

**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.....

P. O. Address.....

**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, above space should be left blank.**