

MAY 10 1940 399

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Conley Clinical Hospital-619 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3221 Jackson Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

8. (a) PRINT FULL NAME Harold Greed Cordes L32
8. (b) If veteran, name war None 8. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 21 1926
(Month) (Day) (Year)

20. DATE OF DEATH: Month April day 23rd
year 1940 hour 4 minute 35 A.M.
21. I hereby certify that I attended the deceased from Apr-15
1940, to Apr-23 1940;
that I last saw h^{im} alive on Apr-22 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Embolus
Rt. Lung
Due to acute appendicitis
Duration 5 MIN.
8 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business Central Junior High School

MOTHER FATHER { 12. Name Henry C. Cordes
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Isabel Snyder
15. Birthplace Harrisonville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Cordes
(b) Address 810 East 1st KC Mo

17. (a) Burial (b) Date thereof April 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. K. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.
4-24-40

19. (a) _____ (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: acute appendicitis
Of operations _____
Of autopsy Pulmonary Embolus
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 _____

40 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 3
23. Signature J. J. Jones (M. D. or other) DD
Address 3620 Troach Date signed 4/23-40

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

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1209 Birch Creek K.C. 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, above space should be left blank.