

STANDARD CERTIFICATE OF DEATH

28320

State File No.

FILED AUG 16 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 201

1. PLACE OF DEATH:

SEP 19 1940

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution: 209 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Years
In this community 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 209 Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1940 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 8/2 1940 to 8/7/40 1940
that I last saw him alive on 8/2/40 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Charles Corder
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Farmer Retired

11. Industry or business _____

12. Name Bush Corder
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maudie Love
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Milledburg, Mo.

18. (a) Signature of funeral director J. F. Hain
(b) Address Jefferson City, Mo.

19. (a) 8/9/40 (b) Do P. 8/20/40
(Date received local registrar) (Registrar's signature)

Immediate cause of death Trauma
Due to Hypertrophied prostate with retention
Due to _____
Other conditions (include pregnancy within 3 months of death) 127
Major findings: Of operations _____
Of autopsy _____

Duration 6
? ?
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Jefferson City, Mo. Date signed 8/9/40

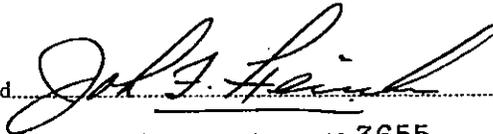
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1306

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. 3655

P. O. Address Jefferson City, 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.