

DEC 31 1941

304

Registration District No.

Primary Registration District No. 5421

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Gasconade Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community.

3. (a) PRINT FULL NAME William Edward Cordray

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) ~~Single~~, widowed, married, divorced, widowed
6. (b) Name of husband or wife Rosa Holland 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Sept 9 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 17 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Jacob Cordray
13. Birthplace Friedrichsburg Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Davis
15. Birthplace Aud Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Nora Meyer
(b) Address Chambers

17. (a) Rural (b) Date thereof 12/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Levin, Mo

19. (a) 12-29 (b) F. E. Kicker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Gasconade 39
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1941 hour Unknown minute Unknown M.

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

Immediate cause of death Verdict of Coroner's jury: - life the jury find that William Cordray Capital due to his death as a result of natural causes.
Due to _____
Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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 2

23. Signature W. E. Kicker (M.D. or other) D.O
Address _____ Date signed _____

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.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41828

Registration District No.

304

Primary Registration District No.

5421

Registrar's No.

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME

William C. Condrey

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M

5. Color or
race W

6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased

Sept 9
(Month) (Day)

1860
(Year)

8. AGE:

Years

Months

Days

If less than one day

61

3

10

hrs

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Natural Cause
Due to.....
probably apoplexy
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury.....

23. Signature.....
Address..... Date signed.....

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

SUPPLEMENTARY

10.000 15.000 20.000 25.000 30.000 35.000 40.000 45.000 50.000 55.000 60.000 65.000 70.000 75.000 80.000 85.000 90.000 95.000 100.000

1.

1. $\mathcal{L}(\mathbf{y}|\mathbf{x}) = \prod_{i=1}^n \mathcal{L}(y_i|\mathbf{x})$