

FILED FEB 11 1942

Registration District No. **221**

Primary Registration District No. **1071**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County. Shannon

(b) City or town. Rural, Eunice Twp  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State. Mo. (b) County. Shannon

(c) City or town. Rural, Eunice Twp  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Eliza Susan Cordus

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 19  
year 1941 hour 8 minute 15 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw h. in alive on Dec 19 and that death occurred on the date and hour stated above.

4. Sex. 7 1 5. Color or race. H

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

6. (b) Name of husband or wife. George Cordus

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

7. Birth date of deceased. Sept - 3 - 1861  
(Month) (Day) (Year)

Immediate cause of death. Myocardial Infarction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation hwy

11. Industry or business \_\_\_\_\_

12. Name Jesse Overstreet

13. Birthplace Virginia (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Edith Martin

15. Birthplace Virginia (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Jesse Cordus

(b) Address Eunice Mo

17. (a) Burial (b) Date thereof 12-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bethel Chapel

18. (a) Signature of funeral director. none

(b) Address \_\_\_\_\_

19. (a) 12-19-41 (b) Frank Hyde MD  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ (z) Means of injury 0

23. Signature Frank Hyde (M. D. or other) \_\_\_\_\_

Address Eunice Mo Date signed 12-16-41

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 14223

Date Filed \_\_\_\_\_

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**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, fact should be so stated above.**