No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15787

Registration District No. 847 Primary Registration District No. 6112 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Viola Wilson 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 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

(c) City or town Viola (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harriett Cordell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife Russell Cordell

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

7. Birth date of deceased Dec. (Month) 15 (Day) 1849 (Year)

8. AGE: Years 92 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James Walker
13. Birthplace (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Sophrina Burnett
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Charles Burrus

(b) Address Viola, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 8 (Month) (Day) (Year)

(c) Place: burial or cremation Viola, Mo.

18. (a) Signature of funeral director Nelson Funeral Home

(b) Address Berryville, Ark.

19. (a) 4/13 1942 (Date received local registrar) (b) Chester D. Scott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7 year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr. 7, 1941, to Mar. 2, 1942 that I last saw her alive on Mar 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	7 days
Due to	
Due to Essential Hypertension	15 years
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E E McDaniel (M. D. or other) A.B. D.O.

Address Cassville, Mo. Date signed 4/10/42

1143 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-617
Date Filed MAY 4 1942

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.