

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILE DEC 5 1942

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 39

109

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural ELKHORN 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 Missouri (b) County Warren
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elkhorn Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Shirley May Corder

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

4. Sex Female 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 September 3 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 2 26 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Robert E. Corder
13. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Cullum
15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Corder
(b) Address Truesdale, Mo.

17. (a) Burial (b) Date thereof 12/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrenton City Cemetery

18. (a) Signature of funeral director F. W. Hickey
(b) Address Warrenton, Mo.

19. (a) Dec 7 1942 (b) John A. Babermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1942 hour 10:00 minute _____ P. M.

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

Immediate cause of death acute Spasmodic Laryngitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10512

Major findings: Of operations _____
Of autopsy _____

Duration
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 Mrs F. H. Kuyper (M. D. or other) Cornel
Address Warrenton Mo Date signed Dec 1

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

MOTHER FATHER

DEC 2 1945

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.....

F. O. Gahring

Licensed Embalmer No.....

1745

P. O. Address.....

Waverton 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, fact should be so stated above.