V. S. No. 2
50M—5-42
ev. 5-17-39
>1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3009

Registration District No. FILED-FEB 13 1943

Primary Registration District No. 5879

Registrar's No.

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Rural (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: At Home (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 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Chamois, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No. Crawford Twp, Osage County (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Washington Cordray
3. (b) If veteran, name war
3. (c) Social Security No. 500-16-3666

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Cordray
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October 16th, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	5	hr. min.

9. Birthplace Osage County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name John Cordray (FATHER)
13. Birthplace Osage County, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name Nancy Strickland (MOTHER)
15. Birthplace Osage County, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Cordray
(b) Address Chamois, Mo. R D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mint Hill, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) Feb 1 1943 (Date received local registrar) (b) Esther Souder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st, year 1943 hour 1 minute - p. 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.

Duration

Immediate cause of death (a) Chronic myo-carditis

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. V. McKully 0 (M. D. or other)
Address Chamois Mo. Date signed

578 (Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lenox

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.