

**ED APR 19 1943**  
Registration District No. **379**

Primary Registration District No. **6287**

Registrar's No. **9**

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

**1. PLACE OF DEATH:**

(a) County WRIGHT

(b) City or town MANSEFIELD - 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 6 yrs (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County WRIGHT

(c) City or town MANSEFIELD - RURAL  
(If outside city or town limits, write "RURAL")

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

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

**3. (a) PRINT FULL NAME** Eddie Hankford Corder

**3. (b) If veteran,** name war World War I

**3. (c) Social Security No.** NON P

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 8 year 1943 hour 1 minute 15 A.M.

**21. I hereby certify that I attended the deceased from** 1938 to April 8, 1943  
that I last saw him in alive on April 7 and that death occurred on the date and hour stated above.

**4. Sex** MALE **5. Color or race** WHITE

**6. (a) Single, widowed, married, divorced** MARRIED

**6. (b) Name of husband or wife** Mary Idell Corder

**6. (c) Age of husband or wife if alive** 42 years

**7. Birth date of deceased** JUN 21 1887  
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy **Duration** 1 day

Due to asthma & hypertension

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>17</u>	_____ hr. _____ min.

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

Other conditions (include pregnancy within 3 months of death) 8301

**9. Birthplace** Sargeant Nebraska  
(City, town, or county) (State or foreign country)

**10. Usual occupation** FARMER

**11. Industry or business**

**12. Name** Francis R. Corder

**13. Birthplace** LINSEVILLE IOWA  
(City, town, or county) (State or foreign country)

**14. Maiden name** POSSIP GATILIFFE

**15. Birthplace** LINSEVILLE IOWA  
(City, town, or county) (State or foreign country)

**Major findings:**

Of operations \_\_\_\_\_

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

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mary Corder

**(b) Address** MANSEFIELD MO

**17. (a) Burial** BURIAL **(b) Date thereof** APR 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** NEWTON CEMETERY

**18. (a) Signature of funeral director** G.A. Suffer

**(b) Address** MANSEFIELD MO

**19. (a) Date received local registrar** April 13-43 **(b) S. L. Hensley**  
(Registrier'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) (c) Means of injury \_\_\_\_\_

**23. Signatures** W. J. Johnson (M. D. or other) DO  
M. J. Suffer 7/13/43

Address \_\_\_\_\_ Date signed \_\_\_\_\_

APR 21 1949

**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 FA. Steff.....

Licensed Embalmer No. 3221.....

P. O. Address Manassas Va.....

**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.**