

S. No. 2
M-5-42
5-17-43

25845

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 13 1943
Registration District No. 295

Primary Registration District No. 4443

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. County Infirmary
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Charles Corder

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased April 7 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>25</u> hr. min.

9. Birthplace Genoa Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation coal miner

11. Industry or business

12. Name Dan Corder

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Howard

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A.T. Corder

(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof 7/4/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Cemetery

18. (a) Signature of funeral director Tom Patton

(b) Address Huntsville Mo

19. (a) 7-30-43 (b) Mrs. P. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from July 1, 1943, to July 2, 1943 that I last saw him alive on July 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & edema

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations none

Of autopsy none

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 1

23. Signature Dr. Dreyer (M. D. or other) M.D.

Address Huntsville Mo Date signed 7/24/43

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

MOTHER FATHER

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 8431382

Date Filed AUG 11 1943

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 Paul S. Patton

Licensed Embalmer No. 4095

P. O. Address Huntville, 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.