

FILED MAY 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17440

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 508

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 weeks  
(Specify whether  
In this community 4 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles south of Wathena, Ks  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Annie Cordonier

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife William S. Cordonier 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased March 15, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 22 hr. min.

9. Birthplace Wathena, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Gabriel Gerardy

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

14. Maiden name Susan Huss

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

16. (a) Informant William S. Cordonier

(b) Address Wathena, Kansas

17. (a) Removal (b) Date thereof 5-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Statt. Mieschhoff

(b) Address St. Joseph, Mo.

19. (a) 5/17/44 (b) Helen J. Seckel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1944 hour 4 minute 15 p.M.

21. I hereby certify that I attended the deceased from April 9, 1944 to May 7, 1944  
that I last saw her alive on May 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart Disease, arteriosclerotic ?  
Myocarditis, Chr. ?

Due to Diabetes Mellitus

Due to Diabetes Mellitus

Other conditions Pneumonia, hypostatic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 61  
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?

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

23. Signature H. W. Clark M.D. (M. D. or D.O.)  
Address St. Joseph, Mo. Date signed 5/9/44

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

MOTHER FATHER

1377

State of Georgia, Department of Health, Bureau of Vital Statistics

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**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 Al Ladd  
Licensed Embalmer No. Me 3023  
P. O. Address Wabersa Kaus

**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.**