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K37822

FILED JUL 29 1946

Primary Registration District No. 5969

Registrar's No. 43

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Campbell township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 miles south + east of Dunningan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Dunningan
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Miles S. of Dunningan
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME ELIAS HUSTON CORDER
3. (b) If veteran, name war L 3. (c) Social Security No. V

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
year 1944 hour 2 minute A M.
21. I hereby certify that I attended the deceased from May 12 1943 to 6/29/1946,
that I last saw him alive on 6/24/1946 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 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 Nov. 18 1866
(Month) (Day) (Year)

Immediate cause of death
General Metastasis from Carcinoma of Left Buccal area in mouth + Anemia
Due to X Ray Exposure treating above
Other conditions (Include pregnancy within 3 months of death)
450

8. AGE: Years 79 Months 7 Days 8 If less than one day: hr. _____ min. _____
9. Birthplace Johnson Co. Mo. D
(City, town, or county) (State or foreign country)

Duration 8 Mt
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business _____
12. Name Thomas Corder
13. Birthplace Unknown
14. Maiden name Custenia Laur
15. Birthplace Germany

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) (e) Means of injury _____
23. Signature R. F. Wilson (M. D. or other) PO
Address Fair Play Mo. Date signed 6/28/46

16. (a) Informant Linda S. Corder
(b) Address Dunningan
17. (a) burial (b) Date thereof June 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dunningan
18. (a) Signature of funeral director Erwin Blue and Jackson
(b) Address Dunningan Mo.
19. (a) July 13, 1946 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

with Officer No. 7;

6-46-7-63

Date Filed 7-18-46

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

Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address *Bolivar 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.

State File No. Aug
Registrar's No. 438

Registration District No. 288 Primary Registration District No. 5969

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town 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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Elias H. Corde
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Nov. 18
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 10 (If less than one day, hr. min.)

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

10. Usual occupation _____

MOTHER FATHER { 11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (c) Signature of funeral director _____
(b) Address _____

19. (a) July 13, 1946 (b) Ralph Gardner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1946 hour _____ minute _____ M.

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

Due to _____
Due to _____
Other conditions _____ (include pregnancy within 3 months of death)

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

29628