

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36615

FILED DEC 11 1946

Registration District No. 118

Primary Registration District No. 4190

Registrar's No. 29

1. PLACE OF DEATH:

(a) County SASCONADE
(b) City or town BLAND "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 entire life years, months or days

3. (a) PRINT FULL NAME Francis Henry Cordes

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 Married
6. (b) Name of husband or wife Bertha Marie Cordes 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 2 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 15 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business /

MOTHER FATHER { 12. Name John Casper Cordes
13. Birthplace Germany
14. Maiden name Friederika Alfort (City, town, or county) (State or foreign country)
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John Cordes
(b) Address St. Louis Mo.

17. (a) Buried (b) Date thereof Nov 22 - 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Blond - Mo.
(b) Address Blond - Mo.

19. (a) 11-25-46 (b) Joseph Hachman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SASCONADE
(c) City or town Rural BLAND (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 2 hour _____ minute PM

21. I hereby certify that I attended the deceased from Nov. 18 1946 to Nov 19 1946
that I last saw him alive on Nov. 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension

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

Major findings: Of operations 83A
Of autopsy _____
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 21

23. Signature H. A. Bradby (M. D. or other) M.D.
Address Caveville Mo. Date signed 11-22-46

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

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

Arthur S. Senn

Licensed Embalmer No.

4178

P. O. Address

Bland

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.