

U. S. No. 2
FORM-5-43
REV. 5-17-39
I X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19, 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37274
Registrar's No. 356

Registration District No. 176

Primary Registration District No. 3026

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
311 West College
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 311 West College
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME OLIVER H. 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 Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 11, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 14 hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Paul K. Corder
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Belle Tidswell
 15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jacob L. Corder
 (b) Address Independence, Missouri
 17. (a) Burial (b) Date thereof 10/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Richard W. Speaks
 (b) Address Independence, Missouri

19. (a) 10-26-46 (b) Samuel Corder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
 year 1946 hour 6 minute 18 A.M.

21. I hereby certify that I attended the deceased from 5:45 AM
Oct 25, 1946, to 6:10 AM Oct. 25, 1946
 that I last saw him alive on October 25, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____ **PHYSICIAN** _____

Of autopsy See Above 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 _____ (11)

23. Signature W. H. Hickerson (M. D. or other) M. D.

Address 1310 S. Main St. Date signed Oct 25, 1946
Independence, Mo.

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

36093

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(Licensed Embalmer's Statement on Reverse Side)

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 *Roland R. Speaks*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Independence, Missouri*.....

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.