

FILED JAN 20 1947

Registration District No. 150

Primary Registration District No. 4241

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove
(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 32 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Oak Grove - (City)
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Bowman Corder

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 married

6. (b) Name of husband or wife Jose 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept 27 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 5th, year 1947 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Jan 4, 1947; that I last saw him alive on Jan 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death infinitesimal of old age

Due to ←

Due to ←

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration 5 yrs

8. AGE: Years 88 Months 3 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Elias Corder

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

14. Maiden name Paulina
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs John Corder
(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 1-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Man & B Withers
(b) Address Oak Grove Mo

19. (a) JAN. 7, 1947 (b) Donald C. Samshaw
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO.

(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 _____

23. Signature Donald C. Samshaw (M. D. or other) _____
Address Oak Grove Mo Date signed Jan 5, 1947

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

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

MOTHER FATHER

FEB 5 1947

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.....

R B Webb

Licensed Embalmer No.....

2353

P. O. Address.....

Blue springs 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.