

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 16 1947

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 191

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
 In this community Life
years, months or days)

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

3. (a) PRINT FULL NAME AARON SHERMAN CORDELL

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 Nellie Cordell 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 16, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>14</u>	<u>--</u> hr. <u>--</u> min.

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

10. Usual occupation Farming

11. Industry or business None

12. Name George Cordell

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

14. Maiden name Elizabeth Basby

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

16. (a) Informant Nellie Cordell

(b) Address Quitman, Mo.

17. (a) Burial (b) Date thereof 9-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quitman Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) Sept. 4, 1947 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
 year 1947 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from 8/15, 1947, to 8/30, 1947
 that I last saw him alive on 8/30
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Chronic Myocarditis

Due to Fracture of left tibia

Due to Fracture of left tibia

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

Major findings:
 Of operations None
 Of autopsy None

Duration 7
 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury

23. Signature B. F. DeGroot (M. D. or other) M.D.

Address Maryville, Mo. Date signed 8/24/47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *Clay M. Price*
Licensed Embalmer No..... *1822*
P. O. Address..... *Manlyville 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.