No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42066

State File No. .....

FILED DEC 31 1947

Registration District No. 446

Primary Registration District No. 5-5-68

Registrar's No. 376

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 2335 STERLING AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 1 1/2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town INDEPENDENCE 4
(If outside city or town limits, write "RURAL")
(d) Street No. 2335 STERLING AVENUE 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ------

3. (a) PRINT FULL NAME CORA CORDER VANMETER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. FRANKLIN P. VANMETER
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased JUNE (Month) 12 (Day) 1866 (Year)

8. AGE: Years 81 | Months 7 | Days 1 | If less than one day ..... hr. ..... min.
9. Birthplace WARREN CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation ------
11. Industry or business AT HOME
FATHER
12. Name THOMAS CORDER
13. Birthplace WARREN CO (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name MARY ANN KENNEDY
15. Birthplace WARREN CO (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. JESSIE HUDNALL
(b) Address 2335 STERLING AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ODESSA, MISSOURI
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address KANSAS CITY, MISSOURI
19. (a) 12-15-47 (Date received local registrar) (b) [signature] (Registrar's signature) 2 511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 13th
year 1947 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug ....., 1947, to Dec. 13 1947
that I last saw her alive on Dec. 8 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Arteriosclerotic~~ Heart disease (hypertensive)	not known
Due to Gen. Arteriosclerosis	
Due to	
Other conditions Cerebral hemorrhage (Include pregnancy within 3 months of death)	4 mos.
Hypertensive C.V. disease	

Major findings:
Of operations .....
Of autopsy 93 D

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature Chas E. Nicksen M.D. (M.D. or other)
Address Independence Date signed 12/13/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3-9 floor 1st Natl Bank Bldg. Judge. Mo.
2-9

JAN 6 1948

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 Jess T. Davis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.