

Registration District No. 22

Primary Registration District No. 4289

Registrar's No. 6768

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Gashland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution none
(Specify whether years, months or days)

In this community 9 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME August Henry Kordes

3. (b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 11, 1948 to June 12, 1948;
that I last saw him alive on June 11, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie R. Kordes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 24, 1864
(Month) (Day) (Year)

Immediate cause of death Stroke

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 930

8. AGE: Years 84 Months 0 Days 18
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business General

12. Name Frederick Kordes

13. Birthplace don't know, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Friederica Schneider

15. Birthplace don't know, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie R. Kordes

(b) Address P.O. Gashland Mo.

17. (a) Burial (b) Date thereof June 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Slope - Parkville Mo.

18. (a) Signature of funeral director Leland H. Francis

(b) Address Parkville Mo.

19. (a) June 15 - 48 (b) Beulah Kitzler
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature Ed. Jensen (M. D. or other) ea.
Address Gashland Mo. Date signed 6-12-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 1

District File Number.....

Date Filed 6-23-48

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 me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leland H. Francis.....

Licensed Embalmer No. 3451.....

P. O. Address Parkville Mo.....

503 E - 28 St.

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.