

No. 2
12-45
17-39
X47070

FILED NOV 4 1948

Registration District No. 31

Primary Registration District No. 4046

State File No. _____

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Moreland Clinic
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
Specify whether
 In this community 54 years
years, months or days

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

3. (a) PRINT FULL NAME MARIE KATHERINE CORDES
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 28
 year 1948 hour 1 minute 05 P.M.
 21. I hereby certify that I attended the deceased from 10-16-48
 _____, 19____, to 10-28, 1948
 that I last saw her alive on 10-28-48, 19____,
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married 2 divorced Widowed
 6. (b) Name of husband or wife Clara Cordes
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 28 1894
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure
 Duration _____
 Due to Essential Hypertension
 Due to _____

8. AGE:
 Years 13 Months 10 Days -
 If less than one day _____ hr. _____ min.

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

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy 11
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Henry Langott
 13. Birthplace Benton County Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Muehl
 15. Birthplace Benton County Mo.
(City, town, or county) (State or foreign country)

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 2

16. (a) Informant Mrs. Edward Borman
 (b) Address Sedalia, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1948
(Month) (Day) (Year)
 (c) Place: burial or cremation Trinity Cemetery, Cole Camp

23. Signature G. W. Moreland (M. D. or other) Dr.
 Address Cole Camp Date signed 10-28-48

18. (a) Signature of funeral director Harold Sping
 (b) Address Cole Camp Missouri
 19. (a) 10-28-48 (Date received local registrar) (b) E. L. Eckswold (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-48-126

Date Filed 11-2-48

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.....

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

Signed Harold Penz

Licensed Embalmer No. 4097

P. O. Address Cole Camp, 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.