FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 35678
Registrar's No. 1189

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 Days (Specify whether
In this community: Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 701 North 10th St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: George Korando
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Julia
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May 4, 1883 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
1	65	5	29	hr. min.

9. Birthplace: St. Joseph, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business: John S. Brittian & Co.

FATHER
12. Name: William Korando
13. Birthplace: Unknown Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine Drout
15. Birthplace: Unknown Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Julia Korando
(b) Address: 701 North 10th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/6/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Norman W. Sedenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 11-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, year 1948 hour 11 minute 55 P M.

21. I hereby certify that I attended the deceased from Oct 27, 1948, to Nov 3, 1948; that I last saw him alive on Nov 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured right femur - (neck)	10/27/48
Due to: Fall on floor.	
Due to	
Other conditions: Mitral stenosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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): accident 131
(b) Date of occurrence: 10/27/48
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence (Specify type of place)
While at work? no (e) Means of injury: Fell on floor 0
23. Signature: Frank Hardigan M. D.
Address: 620 Francis St. St. Joseph, Mo. Date signed: 11/4/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address. St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.