

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6655

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township White Oak Primary Registration District No. 346 Registered No. _____
 (c) City Wrench, Mo. (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Finnis Gregory Cordery FINNIS GREGORY CORDERY
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Cordery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME W. D. Cordery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Hoopty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Fannie Cordery
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Feb 9 39

19. FUNERAL DIRECTOR (NAME) Wellman Bus
 (ADDRESS) Montrose Mo

20. FILED Feb 14 19 39 W. B. Hampton
 Local Registrar. 3125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939

22. I HEREBY CERTIFY, That I attended deceased from see 20 1938 to Feb 6 1939
 I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
93

Other contributory causes of importance: Infarction in 1937, had heart condition which finally caused his death

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) J. W. Tuller, M. D.

(Address) Wrench Mo

RECEIVED

District Health Officer No

District, File Number 7-39-83

Date Filed 3-3-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.