

FILED NOV 22 1944

Registration District No.

318

Primary Registration District No.

1000

Registrar's No.

9673

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Pacific Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME HOMER CORDREY

3. (b) If veteran,

name war Nil

3. (c) Social Security

No. Unknown4. Sex Male 0 5. Color or race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Mataldia Cordrey6. (c) Age of husband or wife if
alive 49 years7. Birth date of deceased December 28 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 10 16 hr. min.9. Birthplace So. Hope Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Section Hand11. Industry or business Missouri Pacific Railroad12. Name John Cordrey13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Nancy Strickland15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mataldia Cordrey(b) Address Sandy Hook, Missouri17. (a) Burial (b) Date thereof 11-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jamestown, Missouri18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) NOV 14 1944 (b) J. F. Brede
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Sandy Hook
 (If outside city or town limits, write "RURAL") NR
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1944 hour 12 minute 25 P.M.21. I hereby certify that I attended the deceased from Sept 30 1944 to Nov. 14 1944
that I last saw him alive on 11/14/44
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cardiac failure

Duration

Due to Illness - sarcoma of genit.
metastasesOther conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations..... 55

Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature John L. Schlenker (M. D. or other)
Address 116 Pac Hoop Date signed 11/14/44

DEC 4 1947

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 Albert G. Hopp
Licensed Embalmer No. 297

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, fact should be so stated above.