

REC'D OCT 21 1938

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

32545
 Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427
 (b) Township Madison Primary Registration District No. 42535582 Registered No. 43
 (c) City Holden (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mihetra McCormick 265
 (a) Residence, No. Holden, Mo. R.F.D. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B.B. McCormick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 1855

7. AGE YEARS 83 MONTHS _____ DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Effie West Virginia

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Jennie Kattel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effie West Virginia

17. INFORMANT (ADDRESS) B.M. McCormick Holden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Sept 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) T.W. Goodman Holden, Missouri

20. FILED Sept 14 1938 Mo & W. Redford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from at time of death 1938, to _____, 19____.

I last saw her alive on Sept 12 1938 Death is said to have occurred on the date stated above, at 5:00 AM.

The principal cause of death and related causes of importance were as follows:

Cancer of womb and pelvic veins

Date of onset

Other contributory causes of importance: no

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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 R. L. Giles (Signed) _____, M. D.

(Address) Holden Mo

RECEIVED

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/38

Handwritten notes:
10/10/38
District Health Officer No. 8
District File Number

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 Samuel B. Royer

Licensed Embalmer No. 4144

P. O. Address Holden Md

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.