

DECEMBER 24 1938

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

32576
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township Dover Primary Registration District No. 4274
 (c) City Higginsville, Mo. (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 68 yrs. 11 mos. 11 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Downey McCord

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 9-19-1938, to 9-19-1938, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th, 1869

I last saw h. _____ alive on _____, 19____ Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 11

to have occurred on the date stated above, at 4:00 m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groceries
 9. Industry or business in which work was done, as saw mill, bank, etc. and farming
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pulmonary Thrombosis from right heart into pulmonary artery
(Coronary Case)
 Date of onset 9/19/38

Other contributory causes of importance:

1) Endocarditis chronic
2) Myocarditis chronic

12. BIRTHPLACE (CITY OR TOWN) Near Higginsville
 (STATE OR COUNTRY) Mo

13. NAME Chas. W. McCord

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) 0

15. MAIDEN NAME Francis Fletcher

16. BIRTHPLACE (CITY OR TOWN) Dover, Mo.
 (STATE OR COUNTRY)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

17. INFORMANT (ADDRESS) J. S. McCord Higginsville Mo

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Sept. 21 38

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (NAME) A. H. Hader
 (ADDRESS) Higginsville, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edwin Hader, M. D.

20. FILED Oct 1 1938 Harry Webb Local Registrar

(Address) Higginsville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

STATEMENT BY LICENSED EMBALMER

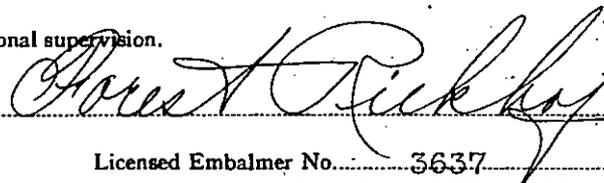
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Forest Riekhof

or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3637

P. O. Address Higginsville, 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, above space should be left blank.