

REC'D FEB 25 1939

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

3473
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668 3032
 (b) Township Edwards Primary Registration District No. 5-91 Registered No. 5-
 (c) City Sedalia (d) Street No. Bothwell Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George Homan McCormick

(a) Residence, No. R. F. D. #2, Sedalia, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 22, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Missouri

FATHER 13. NAME James Harvey McCormick

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Amelia Bohon

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mamie McCormick RFD 2 Sedalia.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE January 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Missouri.

20. FILED Jan - 3 - 1939 Mrs Harry Sneed 206
 (Address) Sedalia Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1939

22. I HEREBY CERTIFY That I attended deceased from Aug. 15, 1936 to Jan 2nd, 1939
 I last saw him alive on Jan 2, 1939 Death is said to have occurred on the date stated above, at 3:00 m.
 The principal cause of death and related causes of importance were as follows:

Organic stenosis of bowels Date of onset

Other contributory causes of importance: Gall stone operation Dec 1938
 Name of operation Cholecystectomy Date of Dec 1938
 What test confirmed diagnosis? Small 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 Card Pulm M. D.
 (Signed) Edalid M. D. (Address) Sedalia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/8/39

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 Geo Dillard

Licensed Embalmer No. 3868

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.