

DEC'D JUN 8 1939

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

17434

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson <sup>2</sup> Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1102  
 (c) City Kansas City, Mo. (d) Street No. 5339 Harrison St., K.C. Mo. Registered No. 1836  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard L. Mc Cormack

(a) Residence, No. 5339 Harrison Str., K.C. 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <b>Anna E. Mc Cormack</b> (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 11th, 1869</b>			
7. AGE <b>70</b>	YEARS	MONTHS	DAYS <b>20</b>
		If LESS than 1 day, hrs. or min.	
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. <b>Brick Contractor</b>			
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) <b>Kansas</b> <sup>1</sup>			
13. NAME <b>John Mc Cormack,</b> <sup>5</sup>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b> <sup>1</sup>			
15. MAIDEN NAME <b>Margaret Mc Cormack</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>New Jersey</b>			
17. INFORMANT <b>Anna E. Mc Cormack,</b> (ADDRESS) <b>5339 Harrison Str., K.C. Mo.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>May 3rd, 1939</b>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Mrs. C. L. Forster</b> <b>918 Brooklyn Avenue, K.C. Mo.</b>			
20. FILED <b>May 2 1939 M. M. Brown</b> Local Registrar.			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1st, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **About 1928**, 19....., to **May 1**, 1939

I last saw him alive on **May 1**, 1939. Death is said to have occurred on the date stated above, at **10:45 A.M.**

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

**Acute Dilation of Heart**  
**Hypertension**

Date of onset **1931**

Other contributory causes of importance:  
**Chronic Nephritis**  
**Arteriosclerosis**

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?.....  
 If so, specify.....  
 (Signed) **Dr. John S. Hennessey, M.D.**  
 (Address) **1422 Bryant Ave.**

Phone 214-211110

1402  
1:30  
Browning

**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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address 918 Browning

**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.**