

DEED JUL 10 1939

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

21264
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Rawley Primary Registration District No. 11002 Registered No. 2532
 (c) City Lawrence Mo (d) Street No. Dealey 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James M. Cord (James McCord)
 (a) Residence No. 708 Prospeer 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14, 1877</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Electrician</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>his self</u>			
	10. Date deceased last worked at this occupation (month and year)			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	13. NAME <u>John A. McCord</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Melissa Stigton</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>				
17. INFORMANT (ADDRESS) <u>Mrs. Lillie M. Cord</u> <u>708 Prospeer</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Washington</u> DATE <u>June 22, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. C. Cronin</u> <u>612 139 N. W. Crown</u>				
20. FILED <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 20, 1939</u>	
22. I HEREBY CERTIFY that I attended deceased from <u>6-11-1939</u> , to <u>6-20-1939</u> I last saw him alive on <u>6-20-1939</u> . Death is said to have occurred on the date stated above, at <u>7:30 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Gum granuloma</u> <u>Left lower lobe</u> <u>of lung</u> <u>1148</u> Date of onset <u>6-12-39</u>	
Other contributory causes of importance: <u>Emphysema</u> <u>2-1-39</u>	
Name of operation <u>Resectoid</u>	Date of <u>6-25-39</u>
What test confirmed diagnosis? <u>examined</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury: <u>no</u> , 19 <u>39</u> Where did injury occur? <u>no</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>no</u>	
Manner of injury <u>no</u>	
Nature of injury <u>no</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>J. F. McCreary</u> , M. D. (Address) <u>708 Prospeer</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-1-39 I X16625

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.....

Licensed Embalmer No.....

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.