S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
15 AUG 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24460

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 172

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville Missouri (If outside city or town limits, write "RURAL" and name of township) Rural
(c) Name of hospital or institution: Grim & Smith (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Hrs, (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Schuyler
(c) City or town: Queen city (If outside city or town limits, write "RURAL") O
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Ward H. McCormick 265
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June (Month) 21 (Day) 1880 (Year)
8. AGE: Years 60 Months 0 Days 24 If less than one day hr. min.
9. Birthplace: Near Queencity Mo (City, town, or county) O (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Same
FATHER 12. Name: William McCormick
13. Birthplace: (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Mary Gardner
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Lg. P. McCormick
(b) Address: Queencity Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 18 (Day) 40 (Year)
(c) Place: burial or cremation: Tarr Cemetary
18. (a) Signature of funeral director: Wm H West
(b) Address: Queencity, Mo,
19. (a) July 17 1940 (Date received local registrar) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from July 16, 1940, to July 16, 1940, that I last saw him alive on July 16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute peritonitis caused by perforating duodenal ulcer	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: As above
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): XX
(b) Date of occurrence: XXXXX
(c) Where did injury occur? XX (City or town) XXXX (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? 3 (e) Means of injury: 1
23. Signature: A. B. Cramb (M. D. or other)
Address: A. B. Cramb, M. D. Kirksville, Missouri Date signed 6-17-4

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-40-1644
Date Filed AUG 15 1940

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 Cared for Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm G West

Licensed Embalmer No. 2882

P. O. Address Greencity Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.