

STANDARD CERTIFICATE OF DEATH

28267

State File No.

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution:
915 Williams Street ?
(d) Length of stay: In hospital or institution
In this community 6 yrs
years, months or days

3. (a) PRINT FULL NAME GEORGE ALFRED MCGORMICK

3. (b) If veteran, name war no
3. (c) Social Security No. 491-01-8944

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Roscoe McGormick
6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Dec 31 - 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 6
If less than one day hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

12. Name George Alfred McGormick

18. Birthplace West Whaling Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Belle Breator

15. Birthplace untown Utah
(City, town, or county) (State or foreign country)

16. (a) Informant Anna McGormick

(b) Address Excelsior Springs, Mo

17. (a) Burial (b) Date thereof Aug 10 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coroner Hill

18. (a) Signature of funeral director Hubert Pope
(b) Address Excelsior Springs Mo

19. (a) 8/12/40 (b) Marie M. Chackem
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(d) Street No. 915 Williams St.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1940 hour 7:30 minute PM

21. I hereby certify that I attended the deceased from 7-4-
1940, to 7-7 1940;
that I last saw him alive on 7-7 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary Edema
chronic suppurative Bronchitis

Due to Broch. emetaria

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature August P. Romberg M. D.
Address Excelsior Springs Mo Date signed 8/9/40

Duration

7-7-40

Jan 40

years

duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

24
2
1

RECEIVED
District Health Officer No. 8,
District File Number 9-9-110
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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Virgil Hope

Licensed Embalmer No. 3950

P. O. Address *Excelsior Springs*

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.