

JAN 20 1944 96  
Registration District No. 96Primary Registration District No. 3025  
Registrar's No. 100

1. PLACE OF DEATH: Linn

(a) County Linn

(b) City or town Brookfield

(c) Name of hospital or institution: 714 West Wood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)

In this community 50 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mariah Elizabeth McCormick

8. (b) If veteran, name was None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Waldo E. McCormick

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 15, 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 3 If less than one day  
hr. min.

9. Birthplace Glenwood, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name T. H. Foster

13. Birthplace Palmyra Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamilton

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. C. M. P. Cornick

(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Frank Funeral Home

(b) Address Brookfield, Mo.

19. (a) 12-20-40 (b) G. M. Lucas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 714 West Wood  
(If rural, give location)

(e) If foreign born, how long in U. S. A? years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1940 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 18 - 39  
1940, to Dec 18, 1940;  
that I last saw her alive on Dec 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General Hemorrhage - Rt. Hemiplegia Duration 1 day

Due to arterio-sclerosis stroke

Due to stroke

Other conditions stroke  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations stroke

Of autopsy stroke

PHYSICIAN stroke  
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) \_\_\_\_\_

(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? 441-22

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Jane Evans (M. D. or nurse)

Address Brookfield Mo Date signed 12-20-40

**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.....

*H. B. Wright*

Licensed Embalmer No.....

*3718*

P. O. Address.....

*Brookfield, Ma.*

**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.**