

BUREAU OF THE CENSUS  
FILLED OCT 11 1941Registration District No. **165**Primary Registration District No. **5234**Registrar's No. **33**

## 1. PLACE OF DEATH

(a) County **Leader**  
 (b) City or town **Caplinger Mills**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community **2 years**  
 years, months or days

3. (a) PRINT FULL NAME **Hester Okella M<sup>c</sup>Cormack**3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **John S M Cormack** 6. (c) Age of husband or wife if alive **1** years7. Birth date of deceased **Jan 11 1960**  
(Month) (Day) (Year)8. AGE: Years **81** Months **8** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace **Washington township Pa 1**  
(City, town, or county) (State or foreign country)10. Usual occupation **House wife**

11. Industry or business

12. Name **Baker**13. Birthplace **Unknown** x 9  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown** x 915. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs J A Leggett Sr**(b) Address **RR 11 Caplinger Mills Mo**17. (a) **Burial** (b) Date thereof **9-27-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Woodland Mo**18. (a) Signature of funeral director **Geo B Carson**(b) Address **Independence Mo**19. (a) **Oct-1-41** (b) **Mrs Minnie Barleton**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Leader**  
 (c) City or town **Caplinger Mills**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **RR 11**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **No** years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **25**  
year **1941** hour **5** minute **45 A.** M.21. I hereby certify that I attended the deceased from **Feb. 1, 1941** to **Sept 22, 1941**;  
that I last saw her alive on **Sept 22, 1941**;  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Circulatory collapse**  
 Due to **Carcinoma of colon** yrs.  
 Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations **H&E**

Of autopsy

Duration

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) \_\_\_\_\_  
 (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 **Dr Wm B Richter** (M. D. or other) **D**  
Address **Stockton, Mo.** Date signed **9.26.41**

1941

711

RECEIVED

District Health Officer No. 7,

District File Number 10-41-1721

Date Filed 10-6-41

**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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed

*[Handwritten Signature]*

Licensed Embalmer No.

3156

P. O. Address

Indep. Mo.

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

If this body is not embalmed, fact should be so stated above.