

FILED SEP 17 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 200

04
3
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 WEEKS
(Specify whether
In this community. LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. Frankford
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME EDDIE LEE McCORMICK

3. (b) If veteran, name war NO 3. (c) Social Security No. 496-14-0864

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LETITIA CATHERINE McCORMICK 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased AUGUST 2, 1903
(Month) (Day) (Year)

8. AGE: Years 39 Months - Days 22 If less than one day hr. min.

9. Birthplace PIKE COUNTY MO. ()
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name GEORGE McCORMICK

13. Birthplace PIKE COUNTY MO ()
(City, town, or county) (State or foreign country)

14. Maiden name CLARA SMITH

15. Birthplace HIGBEE MO. ()
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA McCORMICK

(b) Address FRANKFORD, MO.

17. (a) THREE CHURCHES (b) Date thereof AUG. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEAR LOUISIANA, MO.

18. (a) Signature of funeral director [Signature]

(b) Address Frankford MO

19. (a) Aug. 24 1942 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 24
year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 11, 1942 to Aug 24, 1942
that I last saw him alive on Aug 23, 1942
and that death occurred on the date and hour stated above

Immediate cause of death Myocardosis Duration 3 weeks

Due to Empyema Lencis

Due to P.

Other conditions 110a
(Include pregnancy within 3 months of death)

Major findings: Op.
Of operations Empyema 6-11-42

Of autopsy _____

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

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

(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 D

23. Signature [Signature] M. D. or other _____

Address [Address] Date signed 8-24-42

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

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 Low Fields Ferguson

Licensed Embalmer No. 4093

P. O. Address Franklin Mo.

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, fact should be so stated above.