V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36605

State File No.

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. 508 W Harrison Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Ethel McCormack

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Ezra McCormack

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. (Month) 14 (Day) 1889 (Year)

8. AGE: Years 53 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Near Adrian (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name A. W. Cummings
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Laura Ray
15. Birthplace (City, town, or county) Not Known 9 (State or foreign country)

16. (a) Informant Ezra McCormack
(b) Address Butler Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culvers
(b) Address Butler Mo.

19. (a) Nov. 18, 1942 (Date received local registrar) (b) Mrs Marvin Crumpton (Registrar's signature)

1306

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1942 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 3, 1942, to Nov 15, 1942
that I last saw her alive on Nov 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Complete Heart Block —	
Due to	
Due to Toxicemia — Malaria	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95a	
Of autopsy	

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

23. Signature Carter Whiteside (M. D. or other) MD
Address Butler, Mo. Date signed 11/18/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1256
Date Filed 12-1-42

DEC 11 1942

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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.