

FILED MAY 27 1943
Registration District No. 467-175

Primary Registration District No. 4280 3036

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution Hosp 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 520 College St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hugh Stockton McCord

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Luvonia McCord 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 13 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

12. Name David McCord

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

14. Maiden name Helen E. Bell

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

16. (a) Informant Mrs H. S. McCord

(b) Address Aurora Mo.

17. (a) Removal (b) Date thereof 4/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo.

18. (a) Signature of funeral director J. J. King

(b) Address Aurora Mo.

19. (a) 4-14-1943 (b) Constance Greene, by
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-20
1940 to April 13 1943
that I last saw him alive on April 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Hypertension ?
Ch. myocarditis ?
Ch Cord Valv. Disease ?
Ch Interstitial nephritis ?

Other conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Duration 1 wk

PHYSICIAN

Major findings:
Of operations 13/43

Of autopsy

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 R. D. Brown (M. D. or other)
Address Aurora Mo. Date signed 4/14/43

SEP 27 1943

RECEIVED

District Health Officer No. 6;

File Number 543-672

Date Filed MAY 26 1943

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 Herman M. Curridge

Licensed Embalmer No... 3072

P. O. Address... Aurora 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.