

V. S. No. 2
100M-2-4
Re 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36003

State File No. _____

Registration District No. 348

Primary Registration District No. 4511

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Harris
(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 6 Years
years, months or days

3. (a) PRINT FULL NAME Florence M. McCormick

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 Perry McCormick 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 10 12 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Arch Gray

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

14. Maiden name Mary Seacott

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

16. (a) Informant Perry McCormick

(b) Address Harris, Mo.

17. (a) Burial (b) Date thereof 10-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Asbury

18. (a) Signature of funeral director Walter Thomas Home

(b) Address Princeton, Mo.

19. (a) Oct 1 1943 (b) Mrs. John Todd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan 10.5

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day _____
year 1943 hour 4 AM minute _____ M.

21. I hereby certify that I attended the deceased from 1941 to Oct 1 1943
that I last saw him alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Valvular Heart Dis.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 U. J. Bradley (M. D. or other)

Address Harris, Mo. Date signed Oct 5 1943

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

05

1353

RECEIVED

District Health Officer No. 10

District File Number 10-43-1720

Date Filed October 18, 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 H. Juan Martin

Licensed Embalmer No. 3760

P. O. Address Pinebluff, 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.