S. No. 2
DM—2-43
v. 5-17-39
L X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2441

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 3

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: JACKSON COUNTY HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR (Specify whether
In this community 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 613 MAIN STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------- 1

3. (a) PRINT FULL NAME MR. GEORGE BOYLE McCORMICK

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ------

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

7. Birth date of deceased AUGUST (Month) 10 (Day) 1878 (Year)

8. AGE: Years 66 | Months 4 | Days 27 | If less than one day ___ hr. ___ min.

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

10. Usual occupation RETIRED TIME KEEPER

11. Industry or business K.C. POWER & LIGHT CO.

FATHER
12. Name THOMAS L. McCORMICK
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ALICE C. BOYLE
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. L. H. BOYLE

(b) Address 439 SOUTH BELLAIRE KC Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 8 1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. MORIAH CEM. K.C. MO.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address KANSAS CITY MISSOURI

19. (a) 1-7-45 (Date received local registrar) (b) J. M. Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 6TH year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1944 to Jan 6, 1945 that I last saw him alive on Jan 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 J. W. Green (M. D. ~~or other~~)

Address Independence Mo Date signed 1/6/45

1162

(Licensed Embalmer's Statement on Reverse Side)

At National Bank Bldg. Indep. Mo.
Lexington + Liberty. On square across
from Court House
6-6:45 P.M.

FEB 1 1945

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.