

S. No. 2  
M-5-42  
7-5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37765

FILED NOV 28 1945  
Registration District No. 383 Primary Registration District No. 3037 State File No. Registrar's No. 27

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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home 313 So. Main 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community In this com. 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Oklahoma (b) County Muskogee Co  
(c) City or town Muskogee 977  
(If outside city or town limits, write "RURAL.") 34  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Joseph Mc Cormick  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 443-01-9525

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 3 year 1945 hour 2:10 minute \_\_\_\_\_ pm  
21. I hereby certify that I attended the deceased from Oct 3 1945 to Oct 3 1945; that I last saw him alive on Oct 3 1945; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mina Mc Cormick 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased June 24 1890  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis  
(Associated with chr bronchitis)  
Duration few minutes

8. AGE: Years 55 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Illinois (City, town, or county) (State or foreign country)  
10. Usual occupation Machinist

Major findings: Of operations \_\_\_\_\_  
Of autopsy gfw  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Edward Dillion Mc Cormick  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Mary Quinlan  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs Mina Mc Cormick  
(b) Address Mt Vernon, Mo.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 3 1945 (Month) (Day) (Year)  
(c) Place: burial or cremation Home Hill Cem Muskogee Okla.  
18. (a) Signature of funeral director H. D. Rossett  
(b) Address Mt Vernon, Mo.  
19. (a) 107 4-45 (Data received local registrar) (b) Dr McAlbried (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Kenneth Glover (M. D. or other) Address Mt Vernon, Mo. Date signed 10/4/45

1464

RECEIVED  
District Health Officer No. 6,  
District File Number 1143-1125-  
Date Filed NOV 17 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.....

*By me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Max L. Fossett*

Licensed Embalmer No. *4252*

P.O. Address *W. Kerning 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.