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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41672

FILED JAN 8 1946

Registration District No. 177 Primary Registration District No. 3003 Registrar's No. 88

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 9th + Cleveland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Addie Mae McCormick
3. (b) If veteran, name war None
3. (c) Social Security No. 488-24-1799
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife John Raymond McCormick
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 24 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
44	3	21	hr. min.

9. Birthplace Monett (City, town, or county) Missouri (State or foreign country) U
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Green Wilson
13. Birthplace Stotts City (City, town, or county) Missouri (State or foreign country) U
14. Maiden name Mary Crawford
15. Birthplace Nat Known (City, town, or county) (State or foreign country) U
16. (a) Informant John R McCormick /
(b) Address Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. cem. Monett Mo
18. (a) Signature of funeral director Callaway's
(b) Address Monett Mo
19. (a) 11-16-45 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15 year 1945 hour 5 minute 40 A. M.
21. I hereby certify that I attended the deceased from Nov 15, 1945, to Nov 15, 1945 that I last saw her alive on Nov 14, 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Embolism
Due to Acute Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 940

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address Monett Mo Date signed 11-16-45

15 1/2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1245-1107
Date Filed 12-27-45

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 J. E. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett 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.