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

023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2010

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Butler Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. Harrison Street 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ezra Nealius McCormack

3. (b) If veteran, name war .....

3. (c) Social Security No. 496-09-7228

4. Sex m 0

5. Color or race W

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

6. (b) Name of husband or wife Birdie McCormack

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 22 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	0	..... hr. ..... min.

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business .....

FATHER
12. Name Jesse W McCormack
13. Birthplace Ralls Co. Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Seeley
15. Birthplace Ralls Co. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie McCormack
(b) Address Butler Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/46
(Month) (Day) (Year)
(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler Missouri

19. (a) 1-24-46 (Date received local registrar) (b) Kendall Kerry (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1946 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 6th 46 to Jan 22 46;
that I last saw him alive on Jan 22 46;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy 94 W

Duration

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 0

23. Signature L D La Hue (M. D. or other) MD

Address Butler, Mo Date signed 1-24-46

(Licensed Embalmer's Statement on Reverse Side)

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.