

FILED FEB 20 1947

State File No. ....

Registration District No. 37

Primary Registration District No. 4049

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 18 mOnths

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone  
(c) City or town Centralia  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME John William McCory

3. (b) If veteran, name war No  
3. (c) Social Security No. NO

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 3, 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months - Days 7  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Alfred McCory  
13. Birthplace Washington, Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Davis  
15. Birthplace Audrain County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold McCory  
(b) Address Centralia, Missouri

17. (a) Burial (b) Date thereof 2/13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery Mexico

18. (a) Signature of funeral director C. W. Amundson  
(b) Address Mexico, Missouri

19. (a) \_\_\_\_\_ (b) L. M. Brundage  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18<sup>th</sup>  
year 1947 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from July  
1945, to FEB 11, 1947;  
that I last saw him alive on FEB 11, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertensive Heart Disease  
Due to \_\_\_\_\_

Duration

1 day

2 yrs

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

Major findings: ASD  
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 2

23. Signature R. P. Robert (M. D. or other) MD  
Address Centralia Mo Date signed 2-12-47

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

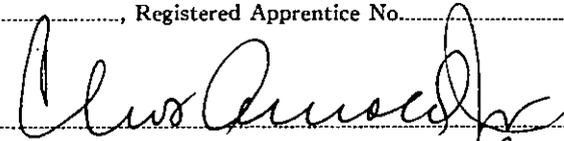
30 Deputy

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed 2-18-47

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 

Licensed Embalmer No. 3569

P. O. Address Mexico Ave

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.