

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 14 1947
STANDARD CERTIFICATE OF DEATH

State File No. 5341
Registrar's No. 5841

Registration District No. 383 Primary Registration District No. 5655

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: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 112 days
In this community 112 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Steele
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME John Marshall McCord
3. (b) If veteran, name war No 3. (c) Social Security No. 499-20-6833
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: Jan. 26th 1921
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 15th year 1947 hour 1:15 minute P M.
21. I hereby certify that I attended the deceased from October 27, 1946, to Feb. 15, 1947
that I last saw him alive on Feb. 15, 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>0</u>	<u>20</u>	hr. min.

Immediate cause of death: Far advanced pulmonary tuberculosis
Duration Abt. 2 yr
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace: Camden Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farm
11. Industry or business _____
12. Name Claude George McCord
13. Birthplace Camden Tenn
(City, town, or county) (State or foreign country)

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

MOTHER FATHER
14. Maiden name Bessie Massey
15. Birthplace Camden Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.
17. (a) Removal (b) Date thereof Feb-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Steele, Mo
18. (a) Signature of funeral director Hilday & Son
(b) Address Huntingdon York, Pa. 17020
19. (a) 3/31/47 (b) CR Phalmer
(Date received local registrar) (Registrar's signature)

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 G. F. Key-Carroll (M. D. or other) 24
Address Feb. 15 1947 Date signed _____

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

RECEIVED
District Health Officer No. 8;
District File Number 347-309
Date Filed MAR 11 1947

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 Robert L. Dildoy
Licensed Embalmer No. 1269
P. O. Address Huntingdon, Tenn

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.