

No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE
DEPARTMENT OF HEALTH

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12269

FILED APR 8 1947

State File No.

Registration District No. 369

Primary Registration District No. 6257

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Patterson

(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
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wayne

(c) City or town Patterson

(If outside city or town limits, write "RURAL")

(d) Street No. 3

(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ISABELLE E. McCORMICK

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife C. R. McCormick

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased OCT 15 - 1855

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 5 17 hr. min.

9. Birthplace Wayne Co MO

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name David Kimes 9

13. Birthplace Don't Know 9

(City, town, or county) (State or foreign country)

14. Maiden name Sarah McCutcher

15. Birthplace Don't Know 9

(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Terrell

(b) Address Patterson, Mo.

17. (a) Burial (b) Date thereof 3-5-47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patterson, Mo.

18. (a) Signature of funeral director N. W. Gish

(b) Address Piedmont, Mo.

19. (a) 3-13-1947 (b) John F. Wagner

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3

year 47 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from July, 1946, to 3-3-, 1947

that I last saw him alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Due to old age

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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.....

23. Signature John F. Wagner (M. D. or other) M. D.

Address Patterson, Mo. Date signed 3-4-47

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

340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Fact File Number 447-461

Date Filed 4-4-47

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Marvin E. Bowle

Licensed Embalmer No. 4427

P. O. Address Redmont, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10323
Registrar's No. 17

FILED JUN 5 1947

Registration District No. 36 Primary Registration District No. 6257

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Patterson
(c) Name of hospital or institution:
XXXXXX
(d) Length of stay: In hospital or institution 91 yr.
In this community 91 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Patterson
(d) Street No. XXXXX
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Isabell E. McCormick
3. (b) If veteran, name war XXX
3. (c) Social Security No. XXXXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3
year 1947 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from Feb 31 1947 to 3 March 1947
that I last saw her alive on Feb 3 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Oct. 15 1865

Immediate cause of death Pneumonia, lobar
Duration 2 days
Due to Old age

8. AGE: Years 91 Months 4 Days 17
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Patterson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work
Home

11. Industry or business
12. Name David Kimes
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Clara B. Ford
(b) Address Patterson Mo.

17. (a) Burial (b) Date thereof MAR. 5 1947
(c) Place: burial or cremation Patterson

18. (a) Signature of funeral director W. W. Gish
(b) Address Patterson Mo.

19. (a) May 9 1947 (b) Swiss O. Piles
(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?
(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 John F. Wagner (M. D. or other)
Address Wrensville, Mo. Date signed 3-4-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 642-729

6-4-47

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed Marvin E. Bowler.....

Licensed Embalmer No. 4427.....

P. O. Address Pelham, Mass.....

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.