

3. No. 2
-12-45
5-17-39
X 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 24 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
2000

State File No. 20594

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 463

1. PLACE OF DEATH: **GREENE**

(a) County **Greene**

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

(c) Name of hospital or institution: **Burge Hospital** *(1)*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Approximately 13 hrs**
(Specify whether years, months or days)

In this community **5 days**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** *39*

(c) City or town **Springfield** *2*
(If outside city or town limits, write "RURAL")

(d) Street No. **228 North Grant Street** *6*
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Donald Wayne Mc Cormick**

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

4. Sex **M** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 27 1947**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	-	5	hr. _____ min.

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **none**

MOTHER FATHER

12. Name **Clifford Lee Mc Cormick**

13. Birthplace **Seymour Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bela Mae Brown**

15. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Winnie Carsten** *(Maternal grandmother)*

(b) Address **Spokane, Missouri**

17. (a) **Buried** (b) Date thereof **June 24 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Springfield MO**

19. (a) **6-3-47** (b) **W J Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st**
year **1947** hour **7** minute **50 AM**

21. I hereby certify that I attended the deceased from **6-1-47** to **6-1-47**, 19 **47**
that I last saw him alive on **6-1-47**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure** *1.D.*

Due to **Malnourishment** *5.D.*

Due to **Pneumothorax**
7. 2nd child

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ *159*

Of autopsy _____

Duration

1.D.

5.D.

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) Manner of injury _____

23. Signature **[Signature]**

Address **Spokane MO** Date signed **6-3-47**

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

STATEMENT BY LICENSED EMBALMER

This body not embalmed

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.....

P. O. Address.....

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.