No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24272

Primary Registration District No. 1002

Registrar's No. 3083

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5725 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5725 Highland Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Agnes Elizabeth McCORMICK

3. (b) If veteran, name war: no

3. (c) Social Security No.: 499-16-3139

4. Sex: female

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: June (Month) 1, (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	1	20	hr. min.

9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Instructor

11. Industry or business: Tempelman School of Beau

MOTHER FATHER

12. Name: Wm. Thomas McCormick

13. Birthplace: Paola, (City, town, or county) Kansas (State or foreign country)

14. Maiden name: Elizabeth Agnes McMurry

15. Birthplace: Cornwall, (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. W. T. McCormick
(b) Address: 5725 Highland, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eblar
(b) Address: Kansas City, Missouri

19. (a) 7-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1947 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1945
19..... to date 19.....;
that I last saw her alive on 7-20- 1947;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: General Carcinomatosis

Due to: Carcinoma of Breast

Due to:

Other conditions (Include pregnancy within 3 months of death): Removed breast June 1945

Major findings:
Of operations: 50
Of autopsy:

PHYSICIAN

Underline the cause of 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: Geo F Pendleton (M. D. or other) MD
Address: 933 Pro Bldg Date signed: 7-21-47

Jefferson City Printing Co.

(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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.