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 OCT 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30103

Registration District No. 377 Primary Registration District No. 6162 Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Stone
(b) City or town: Rural - Ruth Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)
In this community .....

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

3. (a) PRINT FULL NAME: Frank McCormick
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth E. McCormick
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 20, 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace: Harrison, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: Joe McCormick
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Joicy Richards
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ruth E. McCormick
(b) Address: Reeds Spring, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Galena, Missouri
18. (a) Signature of funeral director: Everett J. Cheatham
(b) Address: Galena Mo.
19. (a) 9-13-47 (Date received local registrar) (b) Myrtle G. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1947 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from June, 1947, to August, 1947; that I last saw him alive on August 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension	
Acute Endocarditis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9/B	
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: [illegible] (M. D. ~~or other~~)
Address: Galena Mo. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 947-997
Date Filed SEP 30 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.