S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18966

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 58

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town LIBERTY MO. (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9.00.7. HOSP 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 MO (Specify whether
In this community 6 MO.
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. 4411 WORNALL RD. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ✓

3. (a) PRINT FULL NAME ADDIE E. McCORMACK
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased MARCH (Month) 10 (Day) 1873 (Year)

8. AGE: Years 76 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace PORTLAND (City, town, or county) MAINE (State or foreign country) 1
10. Usual occupation HOUSE WIFE
11. Industry or business ✓
FATHER
12. Name FREDERICK ROBINSON 1
13. Birthplace — (City, town, or county) VERMONT (State or foreign country) 1
MOTHER
14. Maiden name JENNIE MILLWARD 1
15. Birthplace — (City, town, or county) ENGLAND (State or foreign country) 4
16. (a) Informant J. E. THOMURE
(b) Address LIBERTY MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6 (Month) 27 (Day) 1948 (Year)
(c) Place: burial or ~~cremation~~ BROOKFIELD MO.
18. (a) Signature of funeral director Church Archer Co.
(b) Address LIBERTY MO.
19. (a) JUNE 27 1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1948 hour 10 minute 45 P M.

21. I hereby certify that I attended the deceased from DEC. 26, 1947, to MAY, 1948
that I last saw her alive on MAY 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute circulatory failure	54 hrs.
Due to Arterio-sclerotic heart disease	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) 0
While at work? (e) Means of injury

23. Signature S. O. Schroeder (M. D. ~~or other~~) M.D.
Address Liberty, Mo. Date signed 6/27/48

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

District Health Officer No. 8,

District File Number

Date Filed 7-13-48

VS JUL 20 1960

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty

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.