No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19126
State File No.

FILED JUN 26 1948
Registration District No. 1820

Primary Registration District No. 4194

Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Gentry
(b) City or town: Albany
(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
In this community: Lifetime years, months or days)

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

3. (a) PRINT FULL NAME: Samuel Perry Mc Cord
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: Divorced
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 18 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	1	19	..... hr. ..... min.

9. Birthplace: Denver (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business .....
FATHER
12. Name: W. H. Mc Cord
13. Birthplace: Caldwell Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Nancy Jane Chapman
15. Birthplace: — (City, town, or county) — (State or foreign country)
16. (a) Informant: Mrs. Carl York
(b) Address: Albany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview
18. (a) Signature of funeral director: [illegible]
(b) Address: Albany Mo.
19. June 7 - 1948 (Date received local registrar) [illegible] (Registrar's signature) 103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from June 4th, 1948, to June 6th, 1948, that I last saw him alive on June 6th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Liver	1 year 3 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: H & P
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: W. S. Campbell (M.D. or other)
Address: Albany Mo. Date signed: June 6 1948

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

JUL 21 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.