

FILED AUG 17 1948

State File No. _____

Registration District No. 73

Primary Registration District No. 5057

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Kings Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural R#2 Monett Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Kings Prairie Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Joseph Lafette M'cormick

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances Arminda 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 16 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Joseph M'cormick
13. Birthplace Madison Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie Long
(b) Address R 2 Monett Mo

17. (a) Burial (b) Date thereof Aug 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cem

18. (a) Signature of funeral director Galloway Funeral Home
(b) Address Monett Mo

19. (a) 8-13-48 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 3rd 1948 to Aug 5-1948
that I last saw him alive on Aug 3-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to arterial sclerosis

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

Major findings: Of operations _____
Of autopsy 33A

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? _____

23. Signature W. M. West (M. D. or other) MD
Address Monett Mo Date signed 8-4-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6;
District File Number 848-943
Date Filed AUG 13 1948

AUG 21

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 *J. D. Buchanan*
Licensed Embalmer No. *3179*
P. O. Address *Monett Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.