

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Walter
State File No. 30595
Registrar's No. 272

FILED OCT 7 1948

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
-years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME WALTER MC CORMICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Sept. day 9th
year 1948 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____
_____ 1948 to Sept 9 1948
that I last saw him alive on Sept 8 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2, 1858
(Month) (Day) (Year)

Immediate cause of death Semilateral Arterio Sclerosis Arterio Sclerotic gangrene of foot
Duration 6 wks

8. AGE: Years 90 Months 7 Days 7
If less than one day _____ hr. _____ min.

Other conditions Prostatic obstruction
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 17

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

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

MOTHER FATHER { 11. Industry or business _____
12. Name James Harvey McCormick
13. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jane Boneh
15. Birthplace Mercer County Kentucky
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mayme McCormick
(b) Address Sedalia, Mo. R.F.D. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director J. W. Seckart
(b) Address Sedalia, Mo.
19. (a) 9-11-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

While at work? _____ (Specify type of place) (c) Manner of injury _____
23. Signature A. L. Walter (M. D. or other) MD
Address Sedalia, Mo. Date signed 9-11-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-48

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.