S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8443

State File No.

Registration District No. 520

Primary Registration District No. 6081

Registrar's No.

1. PLACE OF DEATH:
(a) County ST. GENEVIEVE
(b) City or town Union (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: V
(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 Mo. (b) County St Genevieve
(c) City or town Union Rural
(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 John Patterson McCord
3. (b) If veteran, name war
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Amanda McCord
6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 9 (Month) 8 (Day) 1851 (Year)

8. AGE: Years 92 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Perry County (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Samuel McCord
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Millikan
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Amanda McCord
(b) Address St Genevieve County Near Farmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 20 (Day) 1944 (Year)
(c) Place: burial or cremation Little Vine

18. (a) Signature of funeral director C. J. Boyer
(b) Address Ste Genevieve Mo

19. (a) Feb 24 44 (Date received local registrar) (b) Rev Joseph A Lassner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1944 to Feb 19 1944
that I last saw h alive on Jan 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver — Duration 4 years
Due to Lip
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 150
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to 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?
While at work (Specify type of place) (e) Means of injury

23. Signature L. M. Stanfield (M. D. or other) MD
Address Farmington Date signed Feb 24 1944

(Licensed Embalmer's Statement on Reverse Side)

$ 50

RECEIVED

District Health Officer No. 4

District File Number 344-3569

Date Filed 3-13-44

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 E. J. Draper

Licensed Embalmer No. 1671

P. O. Address Lewiston 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.