

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16370

Do not use this space.

REC'D MAY 24 1939

1. PLACE OF DEATH

(a) County Wernon Registration District No. 875  
 (b) Township 1 Primary Registration District No. 3039 Registered No. 110  
 (c) City Nevada (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence W. McCormick

(a) Residence, No. East Douglas St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 9 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Charleston  
 (STATE OR COUNTRY) West Virginia

FATHER 13. NAME Green McCormick

14. BIRTHPLACE (CITY OR TOWN) Virginia  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Maude Whyte  
 (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Deerwood Cem. DATE 4-25 1939

19. FUNERAL DIRECTOR (NAME) Ways Funeral Service  
 (ADDRESS) Nevada Mo.

20. FILED Apr 24 1939 Allen E. Hays  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1939 to April 23 1939.  
 I last saw him alive on April 21 1939. Death is said to have occurred on the date stated above, at 8:17 a.m.  
 The principal cause of death and related causes of importance were as follows:

Influenza complicated with acute Endocarditis in both feet.

Date of onset 1/22 1939

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? exam Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) L. M. Eave, M. D.  
 (Address) Nevada, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 7;  
District File Number 7-39-237  
Date Filed 5-8-89

**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 Allen V. Hays  
Licensed Embalmer No. 1968  
P. O. Address Nevada, 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, above space should be left blank.**