

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38066**

**DEC 5 - 1940**  
Registration District No. **1017**

Primary Registration District No. **5060**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Irwin (rural)  
(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 \_\_\_\_\_  
In this community 60 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Charles Lovejoy McCormick  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Cynthia L. McCormick  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 7 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ft. Wayne, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles M. McCormick  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Louisa Jones  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thurman L. Jones  
(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Forrest Park Cemetery, Joplin, Mo.  
(c) Place: burial or cremation

18. (a) Signature of funeral director Konantz Funeral Home  
(b) Address Lamar, Missouri

19. (a) NOV 25 1940 (b) Martin Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Irwin (rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RED #1  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 23rd  
year 1940 hour 9:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Nov 17th 1940, 1940, to Nov 23, 1940  
that I last saw him alive on Nov 20th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency  
Due to acute indigestion

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? no

49 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Geo P Gish (M. D. or other) \_\_\_\_\_  
Address Albion, Mo 6440 Date signed 11-25-40

PHYSICIAN  
Underline the cause to which death should be charged statistically

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. 6,

District File Number 1140-2916

Date Filed NOV 28 1940

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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Leslie J. Hubbard*

Licensed Embalmer No..... 3550

P. O. Address Lamar, 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.