

FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 31

Primary Registration District No. 5970

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town "Rural" Cligout Twp.
(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 _____
(Specify whether years, months or days)
 In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town "Rural" Rt. 2, Bolivar
(If outside city or town limits, write "RURAL")
 (d) Street No. near Cligout
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Winfield Scott McCory

3. (b) If veteran, name war none 3. (c) Social Security No. 441-07-2189

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Letha McCory 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased June 22 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred McCory
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Alice Davis
 15. Birthplace Adrain County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Letha McCory
 (b) Address Cligout, Mo

17. (a) Burial (b) Date thereof May 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Hutcherson-Turpin
 (b) Address Bolivar, Mo.

19. (a) May 14 - 1946 (b) Ralph Gordon
(Date received registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 5 1946 to May 10 1946 that I last saw him alive on May 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to chronic myocarditis complicated by lobar pneumonia 3 days
Diabetic Mellitus 4 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy 161

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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, or in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Delmer (M. D. or _____)
 Address Bolivar, Mo Date signed 5/13/46

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

RECEIVED

Health Officer No. 7,

Case No. - 5-46-511

Date filed 6-4-46

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 *Harold L. Lippin*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.