

Kentucky Post - September 5, 1953

### John J. McCormack

John J. McCormack, who retired recently as a switchman for the L. & N. R. R., died early Saturday at St. Elizabeth Hospital. He was 62.

Mr. McCormack, a lifelong resident of Covington, lived at 325 E. 41st street.

Requiem High Mass will be sung at 9 a. m. Monday at Holy Cross Church, following prayers at 8:15 a. m. at the Linnemann funeral home. Burial will be in Mother of God Cemetery. Friends may call at the funeral home from 2 to 10 p. m. Sunday.

Mr. McCormack leaves his widow, Mrs. Margaret McCormack; two sons, John, Ft. Wright, and Thomas, Covington; five daughters, Mrs. Jack Yelton, San Diego, Cal.; Mrs. Harry Feldhaus, Mrs. Marvin Keeney and Mrs. Joseph Peter, all of Covington, and Sister Mary Adrian, St. Walburg Convent, Crescent Springs; one brother, William, Covington; one sister, Miss Margaret McCormack, Anderson, Ind., and 14 grandchildren.

McCormack, John James 1890 - 1953

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
		FILE NO. <u>116 53</u>	<u>19013</u>
		REGISTRAR'S NO. <u>370</u>	
Registration District No. <u>790 X</u>		Primary Registration District No. <u>2290</u>	
1. PLACE OF DEATH a. COUNTY <u>Kenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u>	
b. CITY OR TOWN <u>Covington</u>		c. CITY OR TOWN <u>Covington</u>	
c. LENGTH OF STAY (in this place) <u>hosp 10 days</u>		d. STREET ADDRESS <u>325 East 41st Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>James</u> c. (Last) <u>McCormack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 20, 1890</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>switchman</u>	
11b. KIND OF BUSINESS OR INDUSTRY <u>L&amp;N RR</u>		11. BIRTHPLACE (State or foreign country) <u>Covington, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>William McCormack</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Atkinson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>704-05-9480</u>		17. INFORMANT <u>Mrs. Margaret McCormack, wife</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, anesthesia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left Antrum</u> <u>6 mo</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>coronary heart disease</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1602-05-7-14p</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, open field, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-25, 1953</u> to <u>9-5, 1953</u> , that I last saw the deceased alive on <u>9-4, 1953</u> , and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>9-9-53</u>	23b. ADDRESS <u>338 7th Covington Ky</u>	23c. SIGNATURE (Degree or title) <u>Carl W Kumpfe M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mother of God Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Covington, Kentucky</u>
25a. DATE REC'D BY LOCAL REG. <u>SEP 11 1953</u>	25b. REGISTRAR'S SIGNATURE <u>Thomas Dean</u>	26. FUNERAL DIRECTOR ADDRESS <u>Henry Linnemann Sons, Covington, Ky.</u>	