REC DEC 1 9 1938

FERGUSON

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39196
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318 — Registered No. 878
(b) Township — Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 621 N. CAMPBELL 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 CHARLES WALTER McCARTNEY
(a) Residence, No. 621 N. CAMPBELL St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ANNA BELLE McCARTNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 8-1876

7. AGE — YEARS 62 — MONTHS 5 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TOLEDO ILL

FATHER
13. NAME JOHN McCARTNEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEOGA ILL

MOTHER
15. MAIDEN NAME ALICE CRAIL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND

17. INFORMANT MRS. C. W. McCARTNEY (ADDRESS) 621 N. CAMPBELL

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE NOV 22, 1938

19. FUNERAL DIRECTOR (NAME) HERMAN LOHMEYER (ADDRESS) SPRINGFIELD MO

20. FILED NOV 22, 1938 Chas A. Georgeson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on NOV 22, 1938 Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance: Gallstones

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

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) J. Ferguson Coroner M.D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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 T. R. Neale

Registered Apprentice No. 176, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.