

1839 JUN 15 1939

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

18839  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Blue Primary Registration District No. 5554 Registered No. 158  
(c) City Sugar Creek (d) Street No. 11230 Morell 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 Henny Clay M. Carty

(a) Residence, No. 11230 M. Morell 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-15-1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 11 5  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
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) No record  
13. NAME Columbus M. Carty  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record  
15. MAIDEN NAME No record  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record  
17. INFORMANT (ADDRESS) Mrs. Nellie Pennington  
11230 Morell  
18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE May 12 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Logan C. Cannon  
Subsistence, Inc.  
20. FILED 5-15-39 F. L. Cash 360  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939, to May 10 1939  
I last saw him alive on May 1 1939 Death is said to have occurred on the date stated above, at 3:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
Senility  
Broncho-Pneumonia  
Auricular fibrillation  
Myocarditic  
Other contributory causes of importance: 93rd  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. W. Beck, M. D.  
Farmers, Mo.  
(Address) \_\_\_\_\_

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.

---

---

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**