

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.

DEC 18 1939

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

40716  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A  
 (c) City Near Farmington, Mo. (d) Street No. State Hospital No. 4 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.

Registered No. 177

**2. PRINT FULL NAME**

263 Dora McCarty  
 (a) Residence, No. Bonne Terre, Route #1, Mo. 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elbert McCarty</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 9, 1874</b>			
7. AGE YEARS <b>65</b>	MONTHS <b>8</b>	DAYS <b>3</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	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) <b>Ste. Genevieve Co., Missouri</b>			
FATHER	13. NAME <b>Janis Batice</b>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ste. Genevieve Co., Missouri.</b>		
MOTHER	15. MAIDEN NAME <b>Lou Wallridge</b>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ste. Genevieve Co., Missouri.</b>		
17. INFORMANT <b>Records of State Hospital No. 4</b> (ADDRESS) <b>Farmington, Mo.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Desloge</u> DATE <u>?</u>			
19. FUNERAL DIRECTOR (NAME) <b>C. Z. Bowyer</b> (ADDRESS) <b>Desloge, Mo.</b>			
20. FILED <u>Nov 12, 1939</u> <u>T. J. Robinson</u> Local Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1939, to November 12, 1939, 19.....  
 I last saw h. alive on November 12, 1939. Death is said to have occurred on the date stated above, at 2:00 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis, generalized & marked Date of onset ?

Other contributory causes of importance:  
Chronic Myocarditis  
Pneumonia terminal 11/11/39  
Psychosis with cerebral arteriosclerosis

Name of operation None Date of ?  
 What test confirmed diagnosis? Clinical 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) C. C. Ault M. D.  
 (Address) Farmington, Mo.

**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, .....

*C. J. Bayer*

....., or by .....

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

Signed.....

*C. J. Bayer*

Licensed Embalmer No.....

*1671*

P. O. Address.....

*Desloge, 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.**