

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38
I X 10605

FILED APR 18 1940

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

10000
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4

(b) Township Primary Registration District No. 3001 Registered No. 75

(c) City Merkeville (d) Street No. Haughlin Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elizabeth Mc Carty

(a) Residence, No. Calloway mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc. at home

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) Macon Co. Mo.

FATHER 13. NAME L. J. Mc Carty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

MOTHER 15. MAIDEN NAME Ethel May Compton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Mo.

17. INFORMANT (ADDRESS) L. J. Mc Carty Calloway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE #4 Calloway Mo. DATE 3-30 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephens Gooding Macon Mo.

20. FILED 3-28 1940 Spencer L Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1940, to March 28, 1940

I last saw alive on March 28, 1940. Death is said to have occurred on the date stated above, at 8:24 AM.

The principal cause of death and related causes of importance were as follows:

Trauma sustained in car wreck - Basal skull fracture compound fracture of jaw

Other contributory causes of importance: fracture

Name of operation open reduction of jaw Date of 3-25-40

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? accident Date of injury 3-24 1940
Where did injury occur? highway west of Macon (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. car wreck on highway
Manner of injury car side swiped another car
Nature of injury Basal skull fracture - fractured jaw

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. M. H. Graves M. D.

3 (Address) Merkeville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-40-850

Date Filed APR 16 1940

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 O. L. Stephens.....

Licensed Embalmer No. 3057.....

P. O. Address Macon, 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.