

Registration District No. 251

Primary Registration District No. 5350

Registrar's No. 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Daviess *Grand River Twp*

(b) City or town Jameston Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME OTTO MC CARTNEY 625

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-07-1631

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ina Pearl Mc Cartney

6. (c) Age of husband or wife if alive 41 1890

7. Birth date of deceased: July (Month) 2 (Day) 1890 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>29</u>	hr. _____ min.

9. Birthplace Daviess Co. Mo.
(City, town, or county) (State or foreign birthplace)

10. Usual occupation Farmer - W.P.A. 200

11. Industry or business farmer - W.P.A. 200

12. Name Geo. S. Mc Cartney

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Jahnet Miller
(City, town, or county) (State or foreign country)

15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ina Pearl Mc Cartney

(b) Address Jameston Mo. R. #2

17. (a) burial (b) Date thereof April 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand River Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Callatin Mo.

19. (a) April 2, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1940 hour 9:30 minute 00 M.

21. I hereby certify that I attended the deceased from Dec 31 1939 to March 20 1940
that I last saw him alive on March 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Queua Pectoris
3rd called same

Due to Dec 1939

Due to _____

Other conditions all
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address _____ Date signed Apr 1, 1940

RECEIVED

District Health Officer No. 11

District File Number

440-448

Date Filed

APR 5 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

E. M. Comer

Licensed Embalmer No.

3453

P. O. Address

Yacatan 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.