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1 MAY 15 1940
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14631

Registration District No. 191 Primary Registration District No. 4114 Registrar's No.

1. PLACE OF DEATH:

(a) County Clark

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

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

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

In this community years, months or days) 263

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

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

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Annie Florence McCarty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Wm McCarty

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 8. 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name James P. Smith
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Sarah Elenora Beckner
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mr. Wm McCarty

(b) Address Luray Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bethelhem Ce.

18. (a) Signature of funeral director Tutting, Ind.

(b) Address Luray Mo.

19. (a) May 3-1940 (Date received local registrar) Otto L. Gutting (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25 year 1940 hour 6 o'clock P M.

21. I hereby certify that I attended the deceased from Apr 15" 1940 to Apr 25 1940 that I last saw h alive on Apr 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Liver

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 175 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Bridges (M. D. or other)

Address Pokoka Mo Date signed 5/5-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-40-1023
Date Filed MAY 14 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 ..... On April 25-1940, Registered Apprentice No. ..... working under my personal supervision.

Signed Otis L. Lutting

Licensed Embalmer No. 2968

P. O. Address Luray N

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

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