

FILED MAR 20 1941

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

6467

Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 93
 (b) Township Fairview Primary Registration District No. 5139 Registered No. 139
 (c) City _____ (d) Street No. _____
 (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

Eldo Rado McCartney
 (a) Residence, No. Breckenridge mo. 1 St. Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 amber McCartney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. miner
 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) Beaver, Co. Penn.

FATHER 13. NAME George McCartney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington Penn.

MOTHER 15. MAIDEN NAME Jennie Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington Penn.

17. INFORMANT (ADDRESS) Ed & Mrs. McCartney Breckenridge mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wase Hill DATE Feb. 18 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. McKel Breckenridge mo.

20. FILED Feb. 18 1941 H. H. Patterson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1941

22. HEREBY CERTIFY That I attended deceased from Jan 6 1941 to Feb 16 1941
 I last saw him alive on Feb 14 1941 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

chronic interstitial nephritis
arteriosclerosis
12/10

Date of onset

Other contributory causes of importance:
hypertension of septal heart

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 _____, 1941
 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 no
 (Signed) W. H. Chapin M. D.
 (Address) Breckenridge mo.

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.

1 X 16605

NOV 24 1948

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.....

J. McBeek

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. McBeek*

Licensed Embalmer No. *1570*

P. O. Address *Breckinridge 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.