No. 2
13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10929

FILED APR 21 1941

State File No.

Registration District No. 415 Primary Registration District No. 5553R Registrar's No. 63

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

1. PLACE OF DEATH:
(a) County Jackson Mo
(b) City or town Little Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs. (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 613 Main 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME McCarthy Mc James
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S. D
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 10 (Month) 29 (Day) 65 (Year)

8. AGE: Years 75 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Wash. D.C. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Construction
FATHER
12. Name ✓
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Town
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Anna R Wyatt
(b) Address Little Blue
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 3-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical
18. (a) Signature of funeral director W B Langford
(b) Address Lee's Summit Mo.
19. (a) 3/24/41 (Date received local registrar) (b) Sara G Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19
year 41 hour 8 minute P M.
21. I hereby certify that I attended the deceased from June 40
, 19 , to 3-19 1941
that I last saw him alive on 3-18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Ch.
Due to
Due to 93 R
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? 93 (Specify type of place)
While at work? (e) Means of injury
23. Signature W. McCarthy M.D. (M.D. or other)
Address Little Blue Date signed March 19-41

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**