No. 2
-11-10-39
5-17-39
I X21492

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. 11187

FILED APR 9 1941

Registration District No. 420 Primary Registration District No. 5633 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/29/38 (Specify whether years, months or days)
In this community /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Willard Mo. — Rural
(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.

3. (a) PRINT FULL NAME Carl J. McCarty
8. (b) If veteran, name war ____
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 16 (Day) 1897 (Year)

8. AGE: Years 43 Months 11 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ____
MOTHER FATHER
12. Name Spurgeon McCarty
13. Birthplace Missouri (City, town, or county) O (State or foreign country)
14. Maiden name Martha Gilmore
15. Birthplace Greene Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant E. M. Michael Record Clerk
(b) Address Mt Vernon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant
18. (a) Signature of funeral director [illegible]
(b) Address Walnut Grove Mo
19. (a) 3-2-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 6 minute 51 P.M.
21. I hereby certify that I attended the deceased from 4-29-38, 19__, to 3/1/41, 19__; that I last saw him alive on 3/1/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1925
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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

23. Signature W. L. Coffman (M. D. or other) M.D.
Address Mt Vernon Mo Date signed 3/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-539
Date Filed APR 5 1941

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 [signature]

Licensed Embalmer No. 7664

P. O. Address Walnut Grove Mo

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

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