No. 2
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RECD MAY 2 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14492

Registration District No. 314 Primary Registration District No. 4190 Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Stonberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 35 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Henry
(c) City or town: Stonberry (If outside city or town limits, write "RURAL") 38
(d) Street No. (If rural, give location): 3
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Jas McCrary
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of ~~husband or~~ wife: Unknown
6. (c) Age of husband or wife if alive: years
Zachary McCrary
7. Birth date of deceased: Sept (Month) 10 (Day) 1868 (Year)

8. AGE: Years 72 Months 5 Days 26 If less than one day ✓ hr. ✓ min.

9. Birthplace: Henry Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: "
FATHER
12. Name: Columbus McCrary
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: unk
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Wayne McCrary
(b) Address: Corresponding Postoffice
17. (a) Place of death: Henry Co (Burial, cremation, or removal) (b) Date thereof: 3 8 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Carter Cemetery
18. (a) Signature of funeral director: Labon F. Shelley
(b) Address: Stonberry Mo
19. (a) 3/8/41 (Date received local registrar) (b) R. O. Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1941 hour about minute 11 P. M.
21. I hereby certify that I attended the deceased from Viewed after death, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: acute coronary occlusion — Duration
Due to:
Due to: 24 h
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Dr Jack G Burns (M. D. or other)
Address: Henry Co Mo Date signed: 3/7/41

(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 Latoy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Monterey 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, fact should be so stated above.