No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22865

Registrar's District No. 821 Primary Registration District No. 4553 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Scott

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

(c) Name of hospital or institution: /
(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)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 100

(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Robert McCarty

3. (b) If veteran, name war: None

3. (c) Social Security No. 497-05-2300

4. Sex: Male (1)

5. Color or race: White

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

6. (b) Name of husband or wife: Ione McCarty

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Aug. (Month) 10 (Day) 1872 (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: Princeton, Indiana / (City, town, or county) (State or foreign country)

10. Usual occupation: Miller

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Ione McCarty
(b) Address: Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.

18. (a) Signature of funeral director: H. Welsh
(b) Address: Sikeston, Mo.

19. (a) 7-3-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 1941
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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: 0

23. Signature ..... (M. D. or other)
Address ..... Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 241-94
Date Filed 7-12-41

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. 774

P. O. Address Sikeston, Mo.

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.

. No. 2B
—4-25-41
I X27852
0:1

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. 22865

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert McCarty

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 8-23-41 (Date received local registrar) (b) G W H Presnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from May 29, 1941, to June 3, 1941;
that I last saw him alive on June 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to

Other conditions none
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G W H Presnell (M. D. or other)

Address Sikeston Mo Date signed

S-22865