

FILED AUG 14 1941
Registration District No. 547

Primary Registration District No. 3029

State File No. _____
Registrar's No. 211

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
516 Lyon Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not in hospital
(Specify whether
In this community: 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 516 Lyon Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Nelson McCartney
3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13th
year 1941 hour 8:30 minute 0 M.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie McCartney 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: March 27 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13, 1941, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 3 19 _____ hr. _____ min.

Immediate cause of death: Coronary thrombosis
Due to: Coronary sclerosis
Due to: 94A

9. Birthplace: Medina, New York
(City, town, or county) (State or foreign country)

Duration
Physician

10. Usual occupation: Retired railroad superintendent
11. Industry or business: Colorado & Wyoming Railroad

Major findings:
Of operations: _____
Of autopsy: _____

12. Name: George McCartney
13. Birthplace: (Do not know)
14. Maiden name: Abigail Fair
15. Birthplace: (Do not know)

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? _____

16. (a) Informant: Nellie McCartney
(b) Address: Hannibal, Missouri
17. (a) Burial (b) Date thereof: July 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery

While at work? _____ (Specify type of place)
Means of injury: _____

18. (a) Signature of funeral director: Ray P. Schwartz
(b) Address: Hannibal, Missouri
19. (a) July 15 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

23. Signature: Harry L. Belser (M. D. or other) _____
Address: 100 N. 6th Date signed: 7/15/41

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

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

Ray O. Schwartz

Registered Apprentice No.

working under my personal supervision.

Signed *Ray O. Schwartz*

Licensed Embalmer No. *17650*

P. O. Address *Hannibal, 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.