

Mo. 2
-10-39
7-39
X21497

REGISTRATION DISTRICT NO. 40

Primary Registration District No. 5061

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar (RFD) Northfork Twp.
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar RFD #1
(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 LELA MAY McCART

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry McCart 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 14 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henley Cooper

13. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Johnson

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

16. (a) Informant Mrs. W. J. Diggins

(b) Address Lamar, Missouri, RFD 1

17. (a) Burial (b) Date thereof Aug-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) Aug-10-1941 (b) Ms Josephine Mynatt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1941 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 1 1941 to August 9 1941
that I last saw him W alive on Aug. 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular disease 1 year
& Carcinoma Liver

Duration

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? _____

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

23. Signature Thos. F. Miller (M. D. or other)

Address Lamar, Mo. Date signed 8-9-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 941-1441

Date Filed SEP 8 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

Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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, above space should be left blank.