

FILED SEP 8 1941

Registration District No. 111

Primary Registration District No. 5239

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Chariton Co

(b) City or town Rural Keokville 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 ✓
In this community 37 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural Keokville Twp
(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.? 10 years.

3. (a) PRINT FULL NAME LEWIS CARL McCART

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, unbound

6. (b) Name of husband or wife Margella Maynard 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased 5 16 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Andrew Jackson McCart

13. Birthplace Chariton County MO
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Carl P. McCart

(b) Address Keokville Mo

17. (a) Burial (b) Date thereof 8/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McCurry

18. (a) Signature of funeral director S. J. Miller

(b) Address Highway 7 Mo

19. (a) 8-7-41 (b) Mrs. Rex Sander
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1941 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 5 1938, to August 5 1941 that I last saw him alive on August 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Pneumonia Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131B

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 _____

23. Signature Carl P. Hegar (M. D. initials)

Address Keokville, Mo Date signed 8/7/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-5-44

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 *Elw Suenon*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.