

Registration District No. 406

Primary Registration District No. 4240

Registrar's No. [checkmark]

49
3
0

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction

(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)

8. (a) PRINT FULL NAME ELECTA E. MCCARTNEY

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

4. Sex FI 5. Color or race W

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased May 13 1896

8. AGE: Years 55 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name James S. Baysinger

13. Birthplace Paris Ill. (City, town, or county) (State or foreign country)

14. Maiden name Clara A. Baysinger

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

16. (a) Informant Vera Baysinger

(b) Address 602 S. Main Carl Junction

17. (a) Burial (Burial, cremation, or removal) Carl Junction Cemetery

(b) Date thereof Aug 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation

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

(b) Address Carl Junction Mo.

19. (a) Aug 27 (Date received local registrar) (b) Roy Shroads (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jasper 049

(c) City or town Carl Junction 0 (If outside city or town limits, write "RURAL")

(d) Street No. 602 S. Main (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th year 1941 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8-23-41, 1941, to 8-26-41, 1941; and that death occurred on the date and hour stated above.

that I last saw her alive on 8-20-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to infection of arm

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) (a) Means of injury

23. Signature Mrs. Baysinger (M. D. or other) Sp. 0

Address Webb City Mo. Date signed 8-27-41

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28550

Registration District No. 406

Primary Registration District No. 4240

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Casper
(b) City or town Carl Junction
(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)

3. (a) PRINT FULL NAME Electa E. Mc Cartey

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased May 13 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 5 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Bronchial Pneumonia
acute infection of left arm
Due to cause unknown
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 107

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? _____

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

23. Signature W. Blaylock (M. D. or other) 100
Address _____ Date signed _____

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

171: D. S. ...
Webb, City
SUPPLEMENTARY

5-28550