

FILED OCT 25, 1941

Registration District No. 33

Primary Registration District No. 5-709

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon White Sulphur
(b) City or town near Ethel Mo
(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 Mo (b) County Macon
(c) City or town Ethel Rural White Sulphur
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME J. SAC. H McCARTY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1941 hour 6:45 minute _____ P. M.
21. I hereby certify that I attended the deceased from 6/10/41 19__ to 7/27/41 19__
that I last saw him alive on 6/26/41 19__
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 12 1894
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Due to Cerebral Hemorrhage

8. AGE: Years 85 Months 11 Days 15
If less than one day _____ hr. _____ min.

Due to Chr. Interstitial Nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business _____
12. Name Hugh McCarty
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Symmes
15. Birthplace Indiana (City, town, or county) (State or foreign country)

Major findings: 131
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Hugh McCarty
(b) Address Ethel Mo
17. (a) _____ (b) Date thereof July 26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Omaha Mo
18. (a) Signature of funeral director Wm C Young
(b) Address Ethel Mo
19. (a) July 30-41 (b) J. A. Shacklett
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature W. L. Linn (M.D. or other) D.O.
Address Bucklin, Mo. Date signed 8/21/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1899

Date Filed OCT 24 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry @ Young

Licensed Embalmer No. 3902V

P. O. Address Ethel 920

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.