

FILLED NOV 14 1941
85

Registration District No.

Primary Registration District No. 1001

Registrar's No. 1025

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1222-PENNSYLVANIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community OVER-25-YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St. Joseph MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1222 Pennsylvania St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN-S-McCARTY

(b) If veteran. NO name war _____
(c) Social Security 488-14-8713

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 1-9 1940 to 10-26 1941
that I last saw him alive on 10-24 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of W race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola McCarty 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased May 10 1913
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis approx 2 yrs
Duration _____

8. AGE: Years 28 Months 5 Days 16
If less than one day _____ hr. _____ min.

Due to _____
Due to _____ 13 ft

9. Birthplace St. Joseph MO
(City, town, or county) (State or foreign country)

Other conditions Myocardial weakness
(Include pregnancy within 3 months of death)

MOTHER FATHER

10. Usual occupation N.P.A.
11. Industry or business _____
12. Name John H. McCarty
13. Birthplace St. Joseph MO
(City, town, or county) (State or foreign country)
14. Maiden name Emma Custer
15. Birthplace Grinnell Iowa
(City, town, or county) (State or foreign country)

Major findings:
Of operations Diagnosis proven by x-ray & Post-mortem exam
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant J. H. McCarty
(b) Address 1915 Merriam St.
17. (a) burial (b) Date thereof Oct. 29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director W. Roy Stoney
(b) Address St. Joseph MO
19. (a) Oct. 28, 1941 (b) J. H. Nestlebaum
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Wm. B. Rosenthal (M.D. or other) M.D.
Address W. B. Rosenthal Bldg. Date signed 10-28-41

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, ~~and~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John Roy Stoney
.....
Licensed Embalmer No. *2435*.....

P. O. Address *St. Joseph 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.