

FILLED NOV 13 1941
Registration District No. **147**

Primary Registration District No. **5980**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Reynolds**
(b) City or town **Rural; Black River**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Black Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Rural Black River**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Black Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16**
year **1941** hour **5** minute **3** P.M.
21. I hereby certify that I attended the deceased from **May 1st 41**
to **Oct 13th** 19 **41**
that I last saw him alive on **Oct 15th** 19 **41**
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Acute Myocardial Infarction
Due to _____
Due to _____
Other conditions **61**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 **61**
23. Signature **John R. P. D. R.** (M. D. or other) _____
Address **John R. P. D. R.** Date signed **10/20/41**

3. (a) PRINT FULL NAME **John Moore Carty**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Bertie Carty** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **October 16 1875**
(Month) (Day) (Year)

8. AGE: Years **66** Months **0** Days **0** If less than one day
hr. min.

9. Birthplace **Black Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Josheau Carty**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Rhoda Bufford**
15. Birthplace **Berry Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cornell Carty**
(b) Address **Black Mo.**

17. (a) **burial** (b) Date thereof **10/19/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Black Mo.**

18. (a) Signature of funeral director **Norman White & Sons**
(b) Address **A. J. White Ironton Mo.**

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

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

NOV 1 0 1947

Handwritten notes and scribbles in the upper left corner, including the number '15' and some illegible text.

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.....

Handwritten signature: Rudolf White

Licensed Embalmer No.

Handwritten number: 2012

P. O. Address.....

Handwritten address: Horton Ave.

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.

Handwritten number: 105/01