50M—9-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37302

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 521

1. PLACE OF DEATH:

(a) County 49 Jasper

(b) City or town 2 Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Freeman Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether

In this community 46 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2

(c) City or town Joplin 5 (If outside city or town limits, write "RURAL")

(d) Street No. 2118 Wall St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME L. C. McCarn

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Elnoria McCarn

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

7. Birth date of deceased February 10, 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 20 If less than one day hr. min.

9. Birthplace LaCrosse Wisconsin. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Linotype operator

11. Industry or business Printing

FATHER
12. Name Henry C. McCarn
13. Birthplace No record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dickerson
15. Birthplace No record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clyde McCary

(b) Address 2118 Wall street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 11-30-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour 12 minute 25 a.M.

21. I hereby certify that I attended the deceased from 11/24-42, 19, to 11/30/42, 19; that I last saw him alive on 11/30/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerberal Hemorrhage

Due to hypertension

Due to Nephritis & Arteriosclerosis. Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ernest Johnson Jr. (M. D. or other)

Address 24-27 Fisco Joplin, Mo Date signed 12/1/42

1204 (Licensed Embalmer's Statement on Reverse Side)

42-11-983

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 Perry K. Hurlburt

Licensed Embalmer No. 959

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, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37302

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 521

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hosp.
(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 ..... (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 .....

3. (a) PRINT FULL NAME L. C. McCarn

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 W

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

7. Birth date of deceased Feb (Month) 10 (Day) 1861 (Year)

8. AGE: Years 81 Months 9 Days 20 If less than one day ..... or ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER FATHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 30
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19 to ..... 19 ..... ;
that I last saw h ..... alive on ..... 19 ..... ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to hypertension	
Due to nephritis & arteriosclerosis general	
Other conditions (Include pregnancy within 3 months of death) Chronic nephritis due to arteriosclerosis (Intestinal)	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) .....
Address 61 [illegible] Date signed 2/9/43

S-37302