

FILED DEC 18 1942 / 49

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4590

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 401 East 74th Terrace
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD C. McCARTY

3. (b) If veteran, name war No
3. (c) Social Security No. 490-16-2522

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julie Cassidy McCarty
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 23, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>16</u>	<u>11</u> hr. <u>5</u> min.

9. Birthplace Missouri City Mo. S
(City, town, or county) (State or foreign country)

10. Usual occupation Clothing Business

11. Industry or business Palace Clothing Co.

12. Name Edward C. McCarty
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Burris
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. McCarty
(b) Address 401 East 74th Street Terrace

17. (a) Burial (b) Date thereof 12-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Robin
(b) Address 20 West Linwood

19. (a) 12-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1942 hour 8: minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 15 1942 to Dec 8, 1942
that I last saw him alive on Dec 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Cancer

Due to Infection

Due to 12/16/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy (PT John) Lung Cancer

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)

23. Signature Dr. John C. Brown (M.D. or other) 0
Address 140 S. 3rd Date signed 12/10/42

Duration

2 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 4590

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(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

3. (a) PRINT FULL NAME Edward C McCarty

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

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

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: 73 Years Months Days If less than one day hr. min.

9. Birthplace..... (City, town, or county) (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)

{ 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) 12/10/42 (Date received local registrar) (b) W W. Crowe (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) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 (u) year 1942 hour..... minute..... M.

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

Immediate cause of death.....
Adenocarcinoma of rt lower lobe of lung

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 472

Major findings:
Of operations.....

Of autopsy.....

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..... (M. D. or other)

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-37834