

No. 2
4-12-40
5-17-39
X23159

3673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1943

Registration District No. 325

Primary Registration District No. 6096

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution: 1

(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 Missouri (b) County Schuyler

(c) City or town Glenwood rural
(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.

3. (a) PRINT FULL NAME Ellen McCartney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

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

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

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

7. Birth date of deceased Aug. 12 1844
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>98</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name James Lucas

13. Birthplace not known 9 (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Missie Singleton

(b) Address Glenwood Mo.

17. (a) Bureau (b) Date thereof Jan 2 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director True Morehead

(b) Address Lancaster Mo.

19. (a) 1/6/43 (b) A. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan - 1942
_____ 19____ to Dec 28 1942
that I last saw him alive on Dec 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia

Due to _____

Due to _____

Other conditions infirmitas of eye
(Include pregnancy within 5 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Johnson (M. D. or other) _____

Address Glenwood Mo. Date signed 1-6-43

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

98
00

1278

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-43175

Date Filed FEB 3 1943

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.....

True Morehead

Registered Apprentice No.....

working under my personal supervision.

Signed *True Morehead*

Licensed Embalmer No. 3731

P. O. Address Lancaster, Md

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.