

FILED MAR 31 1943

Registration District No. **149**

Primary Registration District No. **1002**

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:
2552 Gillham Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **40 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. **2552 Gillham Road**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Arthur C. McCarty**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **500-12-0817**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Margaret** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **July 3 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 22 hr. min.

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

10. Usual occupation **Druggist**

11. Industry or business **Retail Drugs**

12. Name **Milton McGee McCarty**

13. Birthplace **Va**
(City, town, or county) (State or foreign country)

14. Maiden name **Lulu Bridges**

15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. C. McCarty**

(b) Address **4022 Paseo**

17. (a) **removal** (b) Date thereof **Mar 26, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Mo**

18. (a) Signature of funeral director **Joyce Funeral Home** While at work (Specify type of place)

(b) Address **3146 Main St** (Means of injury)

19. (a) **3-26-43** (b) **H. M. Brown**
(Data received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **3** day **25**
year **1943** hour **7:30** minute **6** M.

21. I hereby certify that I attended the deceased from **Crown** 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Crown thrombosis** Duration
Chronic myocardial infarction
Acute pulmonary edema
Due to **94w**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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?

23. Signature **Obeth** (M. D. or other)

Address **K-C. Mo.** Date signed **3/25/43**

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address 10 E. Ma

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.