

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35058

NOV 13 1943

Registration District No. 160

Primary Registration District No. 6593

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Platin ~~Missouri~~
(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 1 (Specify whether years, months or days)

In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 050

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Platin Township
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lydia J. Mc Carty

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 Widow

6. (b) Name of husband or wife William Mc Carty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 18 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7-17-15 1939, to Sept. 27 1943

that I last saw her alive on Sept. 28 1943 and that death occurred on the date and hour stated above.

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

75	0	9	_____ hr. _____ min.
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Immediate cause of death Pulmonary Tuberculosis 10 yrs

Duration _____

9. Birthplace Valles Mines Mo. 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Reppy

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

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

Due to _____

Due to _____

Other conditions 13 fl
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Don Ware

(b) Address Danby Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/43
(Month) (Day) (Year)

(c) Place: burial or cremation Danby, Missouri

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Restus, Missouri

19. (a) 9/29/43 (Date received local registrar) (b) Carroll D. H. Keller (Registrar's signature)

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 Arthur E. Simpson (M. D. or other M.D.)

Address St. Genevieve Mo. Date signed 9-28-43

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

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 Elmer Province

Licensed Embalmer No. 3483

P. O. Address Testus 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.