

FILED MAY 15 1944

Registration District No. **126**

Primary Registration District No. **2001**

Registrar's No. **216**

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:  
**St. John's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 days**  
(Specify whether  
In this community **16 years**  
years, months or days)

3. (a) PRINT FULL NAME **Margaret Morgan McCartney**

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

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

6. (b) Name of husband or wife **Edward Wolcott McCartney** alive **years**  
6. (c) Age of husband or wife if **August 4, 1882** years

7. Birth date of deceased **August 4, 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 8 21** hr. min.

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

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER  
12. Name **Borne Morgan**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ebene Hunter**  
15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Wolcott McCartney**  
(b) Address **11th Rex Crossing, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **4 26 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation **IOOF Cemetary, Neosho, Mo**

18. (a) Signature of funeral director **PARKER-HUNSAKER**  
(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **4-26-44** (b) **Arthur S. Hunter**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **11th and Rex Crossing** **5**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**  
year **1944** hour **6** minute **A.M.**

21. I hereby certify that I attended the deceased from **4/18**, 19**44**, to **4-25**, 19**44**;  
that I last saw her alive on **4-23**, 19**44**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris Disease of Coronary Arteries**  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) **94 a**

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) (c) Means of injury.....

23. Signature **W. H. Hunter** (M. D. or other) **0**  
Address **Joplin Mo** Date signed **4/26/44**

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1202

44-1-368

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**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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Japhin me*.....

**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.**