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FILED JUL 20 1944 374

Primary Registration District No. **5117**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: McBaine R.F.D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone ¹⁰

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

(d) Street No. McBaine R.F.D.
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME William Vance McLarty

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 9 minute — A.M.

21. I hereby certify that I attended the deceased from June 1 1944, to June 27 1944
that I last saw him alive on June 27 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife: Mildred McLarty
alive — years

6. (c) Age of husband or wife if Not
(Month) (Day) (Year)

Immediate cause of death: Tuberculosis of both
kidneys

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death): 20

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>28</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business —

12. Name James McLarty

13. Birthplace Ireland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Maden

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

Major findings: 20

Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J.S. Mc

(b) Address McBaine R.F.D.

17. (a) Rural (b) Date thereof 6/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yoshen Cent

18. (a) Signature of funeral director W.C. Burnett

(b) Address Ashland Mo

19. (a) 6/28/44 (b) Mrs. Alice Estes
(Date received local registrar) (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 H.B. Supt (M: D./or other) —

Address Ashland Mo Date signed 6-27-44

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

1000

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-18-77

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Wm C Burnett

Licensed Embalmer No. 3564

P. O. Address Oakland 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.