

FILED DEC 11 1944

Registration District No. **388**

Primary Registration District No. **4426**

Registrar's No. **14**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
0
0

1. PLACE OF DEATH:
 (a) County Pack
 (b) City or town Fair Play, MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
West part of Fair Play
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pack 84
 (c) City or town Fair Play
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Fair Play
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME Samuel Evans McCaroy
 3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Nov day 15
 year 1944 hour 11 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Oct 14, 1944, to _____, 1944;
 that I last saw him alive on Oct 14, 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 Alice McCaroy 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased: Dec 31, 1857
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
+ Senile Mental Changes
 Duration _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Pack Co. (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business Farming
MOTHER FATHER
 12. Name Samuel McCaroy
 13. Birthplace Tenn (State or foreign country)
 14. Maiden name Lucinda Woody
 15. Birthplace North Carolina (State or foreign country)

Major findings: 93d
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J.E. Phillips
 (b) Address Fair Play, MO
 17. (a) _____ (b) Date thereof Nov 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Baren Creek
 18. (a) Signature of funeral director Arthur S. Blue
 (b) Address Balwin, MO
 19. (a) Nov 20 (b) Dorah McWhorter
(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 _____
 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? _____
(Specify type of place)
 While at work _____ (c) Means of injury 2
 23. Signature D.P.F. Wilson (M. D. or other) DO
 Address Fair Play, MO Date signed 11/27/44

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 William P. Lewis

Licensed Embalmer No. 3092

P. O. Address. Salinas, 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.