

FILED MAR 8 1945
8568

State File No. _____

Registration District No. _____

Primary Registration District No. 6225

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Person

(b) City or town Ward - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. # 34
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs 3 months
(Specify whether _____)

In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Cartersville
(If outside city or town limits, write "RURAL.")

(d) Street No. County Chapman
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James G. Mc Carthy

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 11
Year 1944 hour 7 minute 08 M.

21. I hereby certify that I attended the deceased from Nov 15, 1938, to Feb 11, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DK DK 1878
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia Pt. Lung

Due to _____

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

66-67 6 DK _____ hr. _____ min.

Due to Secondary-Arteriosclerosis

Other conditions Heart & Kidney disease
(Include pregnancy within 3 months of death)

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

10. Usual occupation None

Major findings: Of operations _____

Of autopsy As above

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

MOTHER { 11. Industry or business _____

FATHER { 12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Hosp Recd

(b) Address Burch

17. (a) Burch (b) Date thereof 2-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wpt Cemetery

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 _____

18. (a) Signature of funeral director Hevabagno

(b) Address Hevabagno

19. (a) 2-12-45 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

23. Signature Wm. J. Crane (M. D. or other) _____
Address W. J. Crane Date signed 2-12-45

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

RECEIVED

FILE NO. 7
2-15-15
Date filed 2-1-43

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 L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.