

FILED NOV 6 1945

Registration District No. 43

Primary Registration District No. 3009 5140

State File No. \_\_\_\_\_

Registrar's No. 287

1. PLACE OF DEATH:

(a) County: Butler  
 (b) City or town: Rural 6 miles SW  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Poplar Bluff Rt #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler -12  
 (c) City or town: Rural R.B. Rt #1 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? Mo. (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: CLEARY Mc CARTER

3. (b) If veteran, name war: NONE 3. (c) Social Security No. NONE

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: MARRIED  
 6. (b) Name of husband or wife: CHARLES Mc CARTER 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
 7. Birth date of deceased: JAN 27 1884  
(Month) (Day) (Year)

8. AGE: Years: 57 Months: 8 Days: 16 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: SALEM CO. MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

12. Name: James Pyatt  
 13. Birthplace: Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name: set Unknown  
 15. Birthplace: Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Chas Mc Carter  
 (b) Address: Poplar Bluff #1 Mo.  
 17. (a) Burial (b) Date thereof: \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Kearns Cemetery

18. (a) Signature of funeral director: Frank Catrell  
 (b) Address: Poplar Bluff  
 19. (a) 10/28/45 (b) R. M. Minette  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
 year 1945 hour 9 minute 30 AM  
 21. I hereby certify that I attended the deceased from 23  
March 1945 to 13 Oct 1945;  
 that I last saw he alive on 29 Sept 1945;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic 2 yrs.  
 Due to: nephritis, chronic 5 yrs.  
 Due to: Arterial Hypertension 5 yrs.  
 Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: None  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

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

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?  
(Specify type of place) (e) Means of injury  
 23. Signature: J. Lee Harwell (M. D. under)  
 Address: Poplar Bluff, Mo. Date signed: 15 Oct 45

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

RECEIVED

District Health Office No. 2

District File Number 1045-3183

Date Filed 10-31-45

JAN 7 1946

NOV 9 1945

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.....

*Howard Dodgins*

Licensed Embalmer No.....

*4396*

P. O. Address.....

*Poplar Bluff 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.