

FILED APR 11 1946

Primary Registration District No. 6074

Registrar's No. 100

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: _____
(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

3. (a) PRINT FULL NAME Marry E. McCarron

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

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife Patrick McCarron 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 3, 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation care of home

11. Industry or business _____

MOTHER FATHER { 12. Name Ephriam Blackburn

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

14. Maiden name Emeline White

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

16. (a) Informant Mrs. Nellie Horten

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 3-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irontdale Mo.

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge, Mo.

19. (a) 3/21/46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1946 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 1
1946, to March 18, 1946;

that I last saw her alive on March 18, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 wks.

Due to _____

Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 107

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Foster (M. D. or other) _____

Address Desloge Date signed 3-20-46

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

RECEIVED

District Health Officer No. 4
District File Number 446-1981
Date Filed 4-9-46

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..... C. J. Burger

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.