

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

17204

FILED MAY 17 1946

Registration District No.

Primary Registration District No.

Registrar's No.

77

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 1 day

3. (a) PRINT FULL NAME

Anna Griffith McCarty

3. (b) If veteran, name war no

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 C. McCarty  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Oct. 8 1917  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 6 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Francis Milton Burkhart  
13. Birthplace Knox County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mazy Dean Goodwin  
15. Birthplace Knox County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof May 2, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labelle, Mo

18. (a) Signature of funeral director Geo. B. Orr

(b) Address 7th & Main

19. (a) 5/24/46 (b) Dr. Philbrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Labelle  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th  
year 1946 hour 7:45 minute P M.

21. I hereby certify that I attended the deceased from Apr. 30th 19 46 to April 30th 19 46  
that I last saw him or alive on April 30th 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Over 3 yrs

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

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?

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

23. Signature C. A. Brasher M.D. (M. D. or other)  
Address Mt. Vernon, Mo. Date signed 4-30-46

159

(Licensed Embalmer's Statement on Reverse Side)

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

16000

RECEIVED  
District Health Officer No. 6,  
District File Number 546-550  
Date Filed MAY 15 1946

MAY 23 1948

FEB 18 1948

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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.....

*George B. Orr*

Licensed Embalmer No.....

946

P. O. Address.....

*Mr. Vernon 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.