

S. No. 2
M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20755**

FILED JUN 21 1946

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether
 In this community **2 weeks**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Arkansas** (b) County **999**
 (c) City or town **Brinkley**
(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 _____

3. (a) PRINT FULL NAME **Bess McCartney Lay**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **W. M. Lay** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 10 1907**
(Month) (Day) (Year)

8. AGE: Years **38** Months **6** Days **9**
 If less than one day _____ hr. _____ min.

9. Birthplace **Neosho Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
 12. Name **Edward W. McCartney**
 13. Birthplace **St. Marys Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Morgan**
 15. Birthplace **Lockwood, Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Edward McCartney**
 (b) Address **502 W. 32nd, Joplin, Mo.**

17. (a) Removal (b) Date thereof **5-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. CEMETERY, Neosho**

18. (a) Signature of funeral director **Parker-Hunsaker**
 (b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **5/21/46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May 19** day _____
 year **1946** hour **10** minute **21** P.M.
21. I hereby certify that I attended the deceased from **5-18**, 19**46**, to **5-19**, 19**46**;
 that I last saw her alive on **5-19**, 19**46**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the pancreas** **2 mo.**
 Duration _____

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: **468**
 Of autopsy: _____
 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?

23. Signature **[Signature]** (M. D. or other) _____
 While at work? _____ (Specify type of place)
 (c) Means of injury _____
 Address _____ Date signed **5/21/46**

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

1902

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46-5-476

SEP 26 1943

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.