U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1946

Dr. Madden 26854

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 644

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

25698

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days (Specify whether
In this community 20 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mt. Grove 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Emma McCart
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R.A. McCart
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct. (Month) 2, (Day) 1886 (Year)

8. AGE: Years ~~58~~ 59 Months 10 Days 1 If less than one day hr. min.

9. Birthplace West Bend (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George G. Grove
13. Birthplace West Bend (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Isabelle Creek
15. Birthplace Redman (City, town, or county) Iowa (State or foreign country)
16. (a) Informant R.A. McCart
(b) Address Mt. Grove, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Grove, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-5-46 (Date received local registrar) (b) Dr W. J. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1946 hour 7 minute 50a. M.

21. I hereby certify that I attended the deceased from July 13, 1946 to Aug 3, 1946
that I last saw her alive on Aug 3, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Left ventricular strain (Ventricular fibrillation - terminal)	1 Ma.
Due to Hypertensive heart disease.	?
Due to	
Other conditions Pneumonitis c̄ pleurisy - right. (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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature H. P. Madden (M. D. or other)
Address Springfield, Mo. Date signed 8/3/46

(Licensed Embalmer's Statement on Reverse Side)

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

Roy H. Mercer Jr., Registered Apprentice No. 380,

working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.