No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34185

FILED OCT 17 1946

Registration District No. 210

Primary Registration District No. 5771

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town South Lineville Mo.
(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 79 yrs. 8 Mos. 18 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town South Lineville Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Sherman McCarty

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mary McCarty

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 26, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	18	hr. min.

9. Birthplace Wayne County Iowa (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business Own Farm

FATHER
12. Name Newton O. McCarty /
13. Birthplace (City, town, or county) Ind. / (State or foreign country)

MOTHER
14. Maiden name Mary Cirder
15. Birthplace (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Alma McCarty Logan
(b) Address Lineville Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery Lineville Iowa

18. (a) Signature of funeral director O. C. Grunlee
(b) Address Lineville Iowa

19. (a) 9-19-46 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~Sept 14~~ 46, 1946 to ~~Sept 14~~ 46, 1946
that I last saw him alive on Sept 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to old age

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18

Of autopsy

Duration

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0

23. Signature C. E. Lovell (M. D. or other)

Address Lineville Ia Date signed Sept 17 46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ernest L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Lineville Iowa

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.

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13880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 110

Registration District No. 210 Primary Registration District No. 5771 Registrar's No. 57

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: South Lineville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: William S McCarty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Dec 26 (Month) (Day) (Year)

8. AGE: Years 79 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 26 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 B. E. Lovett M.D. (M. D. or other)
Address Lineville Mo. Date signed

SUPPLEMENTARY

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