

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 116 E. McPherson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community years, months or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 116 E. McPherson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Manuel M. McCarty

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 4
year 1947 hour 6:00 minute _____ P: _____ M: _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Gibson 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 11 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1947 to Jan 4 1947
that I last saw alive on Jan 4 and that death occurred on the date and hour stated above.

8. **AGE:** Years 64 Months 2 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Bronchopneumonia 2 wks.

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

10. Usual occupation Carpenter

Due to Advanced Parkinsons disease 5 yrs.

Due to _____

11. Industry or business _____

12. Name Eugene McCarty

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

14. Maiden name Mary Selby

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 107

Of autopsy _____

16. (a) Informant Mrs. Minnie McCarty

(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 1/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Missouri

19. (a) 1-16-47 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

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 21

23. Signature [Signature] (M. D. or other) DO

Address Kirksville, Mo Date signed 1/7/47

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

RECEIVED
District Health Officer No. 10
Practice File Number 447-164
Date JAN 23 1947

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 Dee Riley
Licensed Embalmer No. 4181
P. O. Address Kirkville 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.