

FILED FEB 29 1947

Registration District No. 99

Primary Registration District No. 41-68-5373

Registrar's No. 91

1. PLACE OF DEATH

(a) County. DEKALB (SHERMAN TWP.)  
(b) City or town. MAYSVILLE (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. LIFE (Specify whether

In this community. LIFE years, months or days)

3. (a) PRINT FULL NAME WILLIAM HARRISON McCARTNEY

3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex. MO 5. Color or race. W 6. (a) Single, married, divorced, MI

(b) Name of husband or wife. CORA ALTA McCARTNEY 6. (c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. Nov-1-1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 22 If less than one day hr. min.

9. Birthplace CLINTON Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JAMES S. McCARTNEY

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

14. Maiden name MARY CATHERINE BROWN

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

16. (a) Informant Frank McCarty

(b) Address AMITY MO

17. (a) TURIAL (b) Date thereof 1-26-47 (Month) (Day) (Year)

(c) Place: Burial or cremation AMITY MO

18. (a) Signature of funeral home HUGHES FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 1-25-47 (Date received local registrar) (b) James Davidson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. DEKALB  
(c) City or town. MAYSVILLE (RURAL)  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23 year 1947 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2 hours prior to death until death.

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 hours

probable arterio Sclerosis

with Hypertension

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) Means of injury

23. Signature James Davidson (M.D. or other)

Address MAYSVILLE MO Date signed 1/25

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 Neal R. Dawson & Vera Pecher, Registered Apprentice No. 484 & 485,  
working under my personal supervision.

Signed

Licensed Embalmer No. 3960

P. O. Address Mayville 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.**