

No. 2
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5-17-39
I X47070

see also 23158-47

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8272**
Registrar's No. **20**

FILED APR 6 1947

4107

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **COCHAR.**
(b) City or town **EL DORADO SPRINGS, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CHAMBERS NURSING HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4**
In this community **47 YRS.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**
(c) City or town **El Dorado Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **X Main - 370**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BYRON BOYD MCCRARY**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **DEC 10 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **12**
If less than one day hr. _____ min. _____

9. Birthplace **Randolph Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **W. B. MCCRARY**

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

14. Maiden name **MARTHA B. BRADSHAW**

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

16. (a) Informant **Mrs. Lula Hunt**

(b) Address **Lincoln, Mo.**

17. (a) **BURIAL** (b) Date thereof **3-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado Springs, Mo.**

18. (a) Signature of funeral director **Carroll**

(b) Address **El Dorado Springs, Mo.**

19. (a) **3/24/47** (b) **D. T. Blanton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **22**
year **1947** hour _____ minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 19 - 1947** to **Mar. 22, 1947**
that I last saw him alive on **March 22, 1947**
and that death occurred on the date and as stated above.

Immediate cause of death **Coronary Insufficiency**

Duration

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:

(c) 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) (e) Means of injury _____

23. Signature **J. Dawson** (M. D. or other) _____

Address **El Dorado Springs** Date signed **3-24-47**

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

MAY 16 1949

RECEIVED
District Health Officer No. 7,
District File Number 3-47-406
District Filed 4-8-49

JUL 1 6 1949

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 *Floyd E. Carsthus*
Licensed Embalmer No. *4419*
P. O. Address *Brook Springs*

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.