V. S. No. 2
0M—8-43
ev. 5-17-39
Form I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9234

Registrar's No. 1573

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 3738 Garfield Avenue
(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: 49 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3738 Garfield Avenue 8
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: George Harley MC CARTY

3. (b) If veteran, name war: no

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: Daisy C. McCarty

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: January (Month) 10 (Day), 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	2	24	hr. min.

9. Birthplace: Linn County, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Retired Baggage Clerk

11. Industry or business: K. C. Terminal Railroad

FATHER
12. Name: James L. McCarty
13. Birthplace: ----- (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mary Truman
15. Birthplace: ----- (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Daisy C. McCarty

(b) Address: 3738 Garfield, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-7-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar

(b) Address: Kansas City, Mo.

19. (a) 4-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 1, 1945 to Apr 4, 1947 that I last saw him alive on Apr 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary insufficiency — Duration

Due to: Arteriosclerosis

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: — 95C

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) 0

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) MD

Address: 607 Argyle Bldg. Date signed: Apr 5 1947

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2999 KC

P. O. Address.....

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.