

FILED APR 23 1947  
Registration District No. **351**

Primary Registration District No. **4523**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Schell City  
(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 2 1/2 years (Specify whether years, months or days)

In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon <sup>108</sup>

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

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

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

3. (a) PRINT FULL NAME Margaret M<sup>c</sup>Carthy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18<sup>th</sup>  
year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1947 to April 18 1947  
that I last saw her alive on April 18 1947  
and that death occurred on the day and hour stated above.

4. Sex Female 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 July 16 1965  
(Month) (Day) (Year)

Immediate cause of death: uremia

Due to: Nephritis chronic <sup>18 months</sup>

Due to: \_\_\_\_\_

8. AGE: Years 81 Months 9 Days 2  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death): \_\_\_\_\_

Major findings: 13/15

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Martinsburg W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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? \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Daniel M<sup>c</sup>Carthy

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

14. Maiden name Mary Ann Johnson

15. Birthplace Martinsburg W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John M. Hoagland  
(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof Apr. 21 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

23. Signature E. W. Gray (M. D. or other) \_\_\_\_\_  
Address Schell City, Mo. Date signed 4/18-47

18. (a) Signature of funeral director Lute Lewis  
(b) Address Schell City, Mo.

19. (a) Apr. 19, 1947 (b) Mm Sarah E Gray  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7  
District File Number 3-47-52  
Date Filed 4-22-47

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..... *Marion M. Lewis* .....

Licensed Embalmer No. *3084* .....

P. O. Address..... *Schell City, 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.