Y. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37256

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location) 1

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

In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell 13

(c) City or town Braymer (If outside city or town limits, write "RURAL") 0

(d) Street No. ✓ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME MINNIE JANE McCARTNEY

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Charley McCartney 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April (Month) 25 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 3 If less than one day ✓ hr. ✓ min.

9. Birthplace Marungo (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name John Skinner
13. Birthplace — (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Emma Bull
15. Birthplace — (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Ben Foley

(b) Address Braymer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Braymer Evergreen Cemetery

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Mo.

19. (a) 11-3-47 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from August, 1947 to Oct 28, 1947 that I last saw her alive on Oct 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Acute Cold

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

95C

Duration

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 None

(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? None (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Cardinal B. Thomas (M. D. or other)

Address Braymer Date signed Oct. 30

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.