S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38620
State File No.

FILED NOV 22 1947

Registration District No. 756 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: Vlife time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Rt 2, Galena, Kansas 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Verl Cartright
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: married
6. (b) Name of husband or wife: Ida
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: January (Month) 31 (Day) 1883 (Year)

8. AGE: Years 62 Months 7 Days 10 If less than one day hr. min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation:
11. Industry or business: Farmer
FATHER
12. Name: John B. Cartright
13. Birthplace: New Jersey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Orilla Harnes
15. Birthplace: Michigan (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ida Cartright
(b) Address: Rt 2, Galena, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cem, Galena, Kns
18. (a) Signature of funeral director: Thornhill-Dillon Mort
(b) Address: Joplin, Missouri
19. (a) 9-13-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1947 hour 11 minute 30 a M.
21. I hereby certify that I attended the deceased from 8 Sept, 1947, to 10 Sept, 1947, that I last saw him alive on 10 Sept, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	3 days
Due to: Coronary Heart Disease	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial Asthma	

Major findings:
Of operations:
Of autopsy: 0 0 2

PHYSICIAN — Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: G. Schlueter M.D. (M. D. or other) M.D.
Address: Frisco Hosp, Joplin Mo Date signed 9-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Dr Gregory Schulte

47-11-832

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 Jesse O. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin Missouri

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.