

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7650

FILED FEB 19 1948

Registration District No. 371

Primary Registration District No. 6261

State File No.

Registrar's No. 3

1. PLACE OF DEATH:

(a) County WEBSTER  
(b) City or town FORDLAND, RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
HOME (WEST BENTON TWP.)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether:  
In this community years, months or days)

3. (a) PRINT FULL NAME ABNER ALLEN McCARTY

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 Rachel 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MAY 28 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 24 hr. min.

9. Birthplace CHRISTIAN CO. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Auctioneer

11. Industry or business  
12. Name W. F. S. McCARTY  
13. Birthplace CHRISTIAN CO. MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name GOODE  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. Rachel McCARTY  
(b) Address Fordland, Missouri Rt #2

17. (a) Burial (b) Date thereof JAN. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordland CEMETRY

18. (a) Signature of funeral director Kelley Ferrell Berham  
(b) Address Rogersville, Mo.

19. (a) 2-11-48 (b) Lester M. Good  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WEBSTER  
(c) City or town FORDLAND  
(If outside city or town limits, write "RURAL")  
(d) WEST BENTON TWP.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes Duration

Due to Heart Ailment

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:

(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?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature H. K. Kelley (M.D. or other) Coroner  
Address Fordland Mo Date signed 1-23-48

RECEIVED

District Health Officer No. 6;

District File Number 248-249

Date Filed FEB 18 1948

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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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.**