No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8543

FILED APR 1 1948

Registration District No. 224 | Primary Registration District No. 4234 | Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Iron

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Iron

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

(d) Street No.: 1 mile west of Ironton (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Robert Love Carty

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

3. (c) Social Security No.: none

4. Sex: male

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: Sept. (Month) 30 (Day) 1867 (Year)

8. AGE: Years 80 | Months 5 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Reynolds Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: retired

11. Industry or business .....

FATHER
12. Name: Andrew Carty
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Wm. L. Symonds
(b) Address: Ironton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ironton Mo.

18. (a) Signature of funeral director: White Funeral Home
(b) Address: A. White Ironton Mo.

19. (a) 3-22-48 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3-18-48, 19..., to 3-18-48, 19...; that I last saw him alive on 3-18-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	3-18-48
Due to: Chronic myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility	?

Major findings:
Of operations: 0
Of autopsy: 0

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: P. E. Harland M.D. (M. D. or other)
Address: Ironton, Mo. Date signed: 3/25/48

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

EIVED

Health Officer No. 4

File Number 348-40

3-31-4

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.