FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 27 1948

Dr. Haw

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24006

Registration District No. 316 | Primary Registration District No. 3059 | Registrar's No. 217

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 Center
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois
(c) City or town: Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No.: 309 Center
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: JOHN ELBERT McCARTY
3. (b) If veteran, name war: V
3. (c) Social Security No.: UNKNOWN
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: NORA McCARTY
6. (c) Age of husband or wife if alive: V years
7. Birth date of deceased: Jan (Month) 29 (Day) 1876 (Year)

8. AGE: Years 72 | Months 5 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Jefferson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: .....
MOTHER FATHER
12. Name: Samuel McCarty
13. Birthplace: Jefferson Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Jane Fullock
15. Birthplace: Jefferson Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Willard McCarty
(b) Address: Desloge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maeven Chapel
18. (a) Signature of funeral director: Benham Fun. Co
(b) Address: 313 Benham Bonne Terre
19. (a) 7-16-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1948 hour 19 minute 30 P.M.
21. I hereby certify that I attended the deceased from December 1947 to July 1 1948, that I last saw him alive on July 1 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive vascular disease	several years
Due to:	
Due to:	
Other conditions: General arteriosclerosis (Include pregnancy within 3 months of death)	several years

Major findings:
Of operations .....
Of autopsy .....

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 .....
23. Signature: M. T. Haw, Jr. (M. D. or other) M.D.
Address: Bonne Terre, Mo. Date signed July 1, 1948

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

RECEIVED

District Health Officer No. 4

District File Number 248-9

Date Filed 2-24-4

MAR 17 1964

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 Jim Counts, Registered Apprentice No. 95 working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3786

P. O. Address Bonne Terre

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.