

FILED AUG 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26144

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 933

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp		c. LENGTH OF STAY (in this place) Lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. #4 St. Joseph, Missouri.		d. STREET ADDRESS (If rural, give location) R. #4 St. Joseph, Missouri.	
3. NAME OF DECEASED (Type or Print) a. (First) Lida b. (Middle) Josephine c. (Last) McCarthy			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1875
9. AGE (In years last birthday) 75		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hugh Stewart	
13b. MOTHER'S MAIDEN NAME Mary Gosnell		14. NAME OF HUSBAND OR WIFE Albert Edward McCarthy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Albert E. McCarthy		ADDRESS R#4 St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition INTERVAL BETWEEN ONSET AND DEATH 30 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Myeloma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 203X	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1948 Aug 8, 1950 , that I last saw the deceased alive on Aug 8, 1950 , and that death occurred at 4:35A m., from the causes and on the date stated above.			
23a. SIGNATURE G. F. Kimball		23b. ADDRESS St. Joseph Mo RR 4	
23c. DATE SIGNED Aug 10			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
DATE REC'D BY LOCAL REG. Aug. 19, 1950	REGISTRAR'S SIGNATURE G. C. Jenkins	382	EMERALG DIRECTOR'S SIGNATURE Halter Meierhoff
ADDRESS St. Joseph, Mo.			

MAR 1 1957

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 *****

.....
working under my personal supervision.

Student Embalmer No. *****

Signed

Raymond W. Berber

Licensed Embalmer No. 4413 Missouri

Signed.....

Student Embalmer

P. O. Address St. Joseph, 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.