

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24841

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 139

493

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>      |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Carthage</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> <u>65 years</u><br>OR TOWN <u>Carthage</u> <u>65 years</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1615 Grand</u>                            |  | d. STREET ADDRESS (If rural, give location) <u>1615 Grand</u>   |  |

|   |                          |                           |  |
|---|--------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Mary</u> | b. (Middle) <u>Alice</u> | c. (Last) <u>McNerney</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 22 1952</u> |
|---|--------------------------|---------------------------|--|

|                      |                               |   |  |   |                        |                       |                       |                       |
|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH. <u>Sept. 3, 1864</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|-----------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Augusta, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|-----------------------------------|--|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Francis Marion Thomas</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Patrick J. McNerney</u> |
|---|--|--|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Brown, Lamar, Missouri</u> |
|--|-------------------------------------|---|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>interstitial</u><br>DUE TO (c) <u>arterosclerosis</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>   |  |  |  |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 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) <u>none</u> | 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 27, 1949 to July 23, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u> | 23b. ADDRESS <u>Carthage Mo</u> | 23c. DATE SIGNED <u>7/22/52</u> |
|---|---------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-25-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u> |
|---|--------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>7-24-52</u> | REGISTRAR'S SIGNATURE <u>L.B. Clinton, MD</u> <u>139</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u> |
|---|--|--|

RECEIVED 7-31-52  
Jasper County Health Office

County File Number 52/5/604

Date Filed 8-2-52

JUL 29 1953

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.