

JUL 12 1940 165
Registration District

Primary Registration District No. 5234 40:9

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2. 6. 5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY VIRGINIA McCARTHY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife Albert McCarthy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 _____ hr. _____ min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Montgomery A. Kirkpatrick
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary S. Taylor
15. Birthplace Cedar County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Juba Mc Carthy

(b) Address Caplinger Mill, Mo.

17. (a) Caplinger Mills (b) Date thereof 6-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caplinger Mills, Mo.

18. (a) Signature of funeral director _____
(b) Address Stockton, Mo.

19. (a) Jane 14 (b) Mrs Minnie Carleton
(Has received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1940 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 26, 1939 to June 7, 1940
that I last saw her alive on June 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration Four minutes

Due to Chronic myocardial degeneration 1 year

Other conditions none (Include pregnancy within 3 months of death) 92C

Major findings: Of operations none Of autopsy none 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 _____

23. Signature Bernard C. Adler (M. D. or other) M.D.
Address Stockton, Mo. Date signed 6-12-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stoughton*

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, above space should be left blank.