No. 2
-13-40
-17-39
X23159

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

FILED SEP 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28960

Registration District No. 477 Primary Registration District No. 4289 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town La Grange (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 William Jackson Carty 630
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Whits
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Hester Carty
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 27 (Month) 1871 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	0	29	hr. min.

9. Birthplace Knox Fork (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Car Salesman
11. Industry or business
MOTHER FATHER
12. Name James Carty 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
14. Maiden name Nancy Eave 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant James Carty
(b) Address La Grange, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation La Grange, Mo.
18. (a) Signature of funeral director [signature]
(b) Address La Grange, Mo.
19. (a) 8-27-40 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 26 year 1940 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from JULY 11, 1940, to AUG 26, 1940 that I last saw him alive on AUG 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDITIS, CHRONIC	2 YRS
Due to CHRONIC INTERSTITIAL NEPHRITIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. F. Ellery M.D. (M. D. or other) 1
Address La Grange Mo Date signed Aug 28 1940

(Licensed Embalmer's Statement on Reverse Side)

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

A.A.Roberts, Registered Apprentice No.

working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.