

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

32558  
 Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 548.  
 (b) Township Liberty Primary Registration District No. 5740. Registered No. ....  
 (c) City Rural (d) Street No. Rural St. ....  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Albert Cary

(a) Residence, No. Marion County St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lovelady Cary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1865

7. AGE YEARS 75 MONTHS 6 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Quincy, Ill (STATE OR COUNTRY)

13. NAME Miles Cary

14. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Torance

16. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

17. INFORMANT Palla Cary (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE 9/30/40 19.

19. FUNERAL DIRECTOR (NAME) Lewis Brown (ADDRESS) Palmyra, Mo.

20. FILED Sept. 30 - 40 Gertrude Lee Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28 1940

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1940, to 9/28 1940. I last saw him alive on 7/27 1940. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Coronary Thrombus

Date of onset 9/27-40

Other contributory causes of importance:  
Arterial Sclerosis

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify..... (Signed) W. G. Powell M. D.  
 (Address) Palmyra, Mo.

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..... *Geoff. Lewis*

Licensed Embalmer No. *2382*

P. O. Address..... *Palmyra - Mo.*

**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.**