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41
30
26390

FILED SEP 30 1941

5273

Registration District No. **192**

Primary Registration District No. **5273**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Clark Mo**
(b) City or town **Larmington La. Rural**
(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 _____ (Specify whether
In this community **life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clark**
(c) City or town **RFD Larmington La.**
(If outside city or town limits, write "RURAL")
(d) Street No. **23**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nina ANN Mc Carthy**

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 **married**

6. (b) Name of husband or wife **Wm. Mc Carthy** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Jan 10 - 1878**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

MOTHER FATHER { 11. Industry or business _____

12. Name **James Toops**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Stanford**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Mc Carthy**

(b) Address **Larmington La.**

17. (a) **Burial** (b) Date thereof **Aug 24 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Assau Co.**

18. (a) Signature of funeral director **J. L. McNeill**

(b) Address **Kahoka Mo.**

19. (a) **Aug 22 46** (b) **J. L. McNeill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **9** year **1941** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **May 4** to **Aug 22** 19**41**

that I last saw her alive on **Aug 21** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Swollen of Liver**

Due to _____

Due to **467**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. L. McNeill** (Date or other) _____

Address **Larmington La.** Date signed **8-25-41**

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

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

J. Wm DeJong, Registered Apprentice No. 15507 La
working under my personal supervision.

Signed Otis L. Yuttrick

Licensed Embalmer No. 2965

P. O. Address Peray M

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

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