

FILED AUG. 17 1942

Registration District No. 26-6100

Primary Registration District No. 41-6-93018

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1942 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from January 13 to May 6 1942
that I last saw or alive on May 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis
Due to Bronchial Pneumonia

accompanied by Acute gastro-intestinal colitis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 107
Of operations: _____
Of autopsy: _____

Duration

May 6

Feb 1942

April 15 1942

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) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Salem Missouri Date signed May 9 1942

3. (a) PRINT FULL NAME Sarah Ellen Carty

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

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John G Carty 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: June 20 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>10</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business X

12. Name John Daugherty

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

14. Maiden name Braksdale

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

16. (a) Informant Walter Nelson

(b) Address Salem Mo

17. (a) burial (b) Date thereof 5/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 5-9-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1179

RECEIVED

District Health Officer No. 5

District File Number 74-25-62-

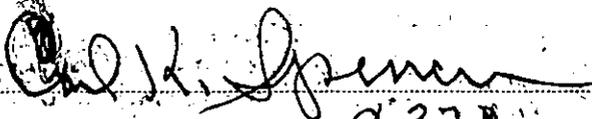
Date Filed 8, 14, 42

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..... 

Licensed Embalmer No. 2370

P. O. Address Salem 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, fact should be so stated above.