S. No. 2
—1-4-41
5-17-39
P1 X26390

56
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2744

Registration District No. 118 — Primary Registration District No. 5662 — Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaBelle "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Troop
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 4 years, 7 mos., 24 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED: 56

(a) State Missouri (b) County Lewis. 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARVIN LEO McCarty

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Apr (Month) 24 (Day) 1938 (Year)

8. AGE: Years 4 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Knox Co. Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Child.

11. Industry or business .....

FATHER
12. Name Leland McCarty
13. Birthplace Unknown (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Strange
15. Birthplace Unknown (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Leland McCarty
(b) Address LaBelle, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19-1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bondurant Cemetery

18. (a) Signature of funeral director Geo. V. Bassett
(b) Address Wyaconda Mo

19. (a) 1-13-43 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

987

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from Dec 17, 1942, to Dec 18, 1942
that I last saw him alive on Dec 18, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	Dec 14
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations .....
Of autopsy No

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 2

23. Signature Harry S. McCracken (M. D. or other) D.O.
Address LaBelle Mo. Date signed Jan 12 1943

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1943

JAN 2

RECEIVED
District Health Officer No. 10
District File Number 1-43-169
Date Filed JAN 28 1943

JAN 28 1943

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 Geo V Bockett

Licensed Embalmer No. 1817

P. O. Address Wyalusing

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

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