. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6314

Primary Registration District No. 5463A

Registrar's No. 15

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Strafford, Jackson Twp

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

(c) Name of hospital or institution: Route 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 0

(c) City or town Strafford 0

(If outside city or town limits, write "RURAL")

(d) Street No. Route 2

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James J. Cary

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January (Month) 22, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	0	8	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired farmer

11. Industry or business On Farm

FATHER
12. Name Charles Cary
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Vesta Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. George Cary

(b) Address Lone Jack, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 31, (Day) 1943 (Year)

(c) Place: burial or cremation Cabool, Missouri

18. (a) Signature of funeral director Elliott Funeral Home

(b) Address Cabool, Missouri

19. (a) Feb 10 1943 (Date received local registrar) (b) Garland Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1943 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from 1-1-43, 19, to 1-30-43, 19; that I last saw him alive on 1-30-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Abscess of Lung (Right)	1 wk.
Pyelitis	1 wk.
Due to Bronchial Pneumonia	1 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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 [signature] MD (M. D. or other)

Address Springfield, Mo Date signed

1246 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 43-3-23
Date Filed 3/5/43

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 Lewis G. Schaff Jr.

Licensed Embalmer No. 3802

P. O. Address Springfield 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.