

FILED MAR 8 1943
Registration District No. **164**

Primary Registration District No. **5591**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Rural Centerview Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route #3, Centerview, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **00**
(Specify whether
In this community **25 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #3, Centerview, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XX**

3. (a) PRINT FULL NAME **Rinda Jane Stilabower McCarty**

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

4. Sex **fem** 5. Color or race **cauc** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Samuel J. McCarty** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Dec. 22 1865**
(Month) (Day) (Year)

8. AGE: Years **77** Months **1** Days **28**
If less than one day
hr. min.

9. Birthplace **Brown County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **J. H. Stilabower**

13. Birthplace **Brown County Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Long**

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

16. (a) Informant **S. J. McCarty**

(b) Address **Route #3, Centerview, Mo.**

17. (c) **Burial** (b) Date thereof **Feb. 22, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri**

19. (a) **Feb 23 1943** (b) **Lesla M. Williams**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Feb.** day **20**
year **1943** hour **10:20** minute **A** M.

21. I hereby certify that I attended the deceased from **June 1**
1937 to **Feb 20** 19**43**;
that I last saw h. **no** alive on **Feb 19** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **9 30**

Other conditions **Gen. Arteriosclerosis**
(Include pregnancy within 3 months of death)
Bronchial Asthma

Major findings: **Ovarian Cyst**

Of autopsy

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?
(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 **Kelly Rawlin** (M. D. or other)
Address **Holden Mo** Date signed **2/23/43**

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

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RECEIVED

Sanitary Health Officer No. 8,

District File Number _____

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 Alvin Canaday

Licensed Embalmer No. 3434

P. O. Address. Holden, 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.