DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

Registration District No. 3/4

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6061

State File No. 7448

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Dallas—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 20 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Dallas—Rural

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

(d) Street No.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Melvin Cary

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wht

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

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

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

7. Birth date of deceased Oct 3, 1853 (Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Section Foreman

11. Industry or business

FATHER

12. Name Joseph Cary

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

MOTHER

14. Maiden name Unk

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

16. (a) Informant Mrs Vester Johnson

(b) Address Weaubleau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Butler Cemetery

18. (a) Signature of funeral director J R Luckey

(b) Address Osceola Mo

19. (a) Jan. 21, 1943 (Date received local registrar) (b) D B Bradford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1943 hour 11 minute 00 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

No Dr in attendance
Last Dr who prescribed Dr Abel Osceola Mo
medicine to war 200 a
gone to war
JR Luckey

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 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

11c D

RECEIVED
District Health Officer No. 7,
District File Number 1-43-37
Date Filed 2-3-43

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 J. R. Luckey

Licensed Embalmer No. 2987

P. O. Address Wheatland, Ill.

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.

U. S. No. 2B
10M—8-21-44
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7448

Registration District No. 314 Primary Registration District No. 6061 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town 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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Clair

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

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

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

If yes, name country

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

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 3 (Day) 1853 (Year)

8. AGE: Years 89 Months 2 Days If less than one day hr. min.

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

10. Usual occupation Retired Foreman

11. Industry or business

MOTHER FATHER

12. Name Jas. Cary

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Porter Johnson

(b) Address Weaubleau, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/42 (Month) (Day) (Year)

(c) Place: burial or cremation Butler Cemetery

18. (a) Signature of funeral director J R Lurkey

(b) Address Wheatland, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1943 hour minute M.

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

Immediate cause of death

Due to

Due to No Dr in attendance at death. Gone to Lamar J.R. Lurkey

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 T B Goodrich (M. D. or other) Coroner

Address Osceola Mo Date signed

SUPPLEMENTARY

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