No. 2
8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30724

FILED OCT 9 1944

Registration District No. ____ Primary Registration District No. 4127-5286 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Luray "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or Institution: W Use rural Rte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Luray — Rural
(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 ____

3. (a) PRINT FULL NAME William McCarty
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 Widowed
6. (b) Name of husband or wife Annie McCarty
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Apr (Month) 11 (Day) 1860 (Year)
8. AGE: Years 84 Months 5 Days 14 If less than one day ____ hr. ____ min.
9. Birthplace Clark Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____
FATHER 12. Name Isah McCarty
FATHER 13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mariah Jones
MOTHER 15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Carl McCarty
(b) Address Luray Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cemetery
18. (a) Signature of funeral director Seth Backett
(b) Address Memphis Mo
19. (a) 9-28-44 (Date received local registrar) (b) Perry A Boston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1944 hour 1:15 minute 8 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 Accidental Death — Duration
Due to falling from Horse Neck Broken
Due to ____
Other conditions Insanity
(Include pregnancy within 3 months of death)
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) Accident
(b) Date of occurrence Sep 23 1944
(c) Where did injury occur? County road Clark Co (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Auto Highway (Specify type of place)
While at work? No Means of injury Fall from Hay Wagon
23. Signature J. L. McConnell (M. D. or other) Coroner
Address Revere Mo Date signed 9-25-44

(Licensed Embalmer's Statement on Reverse Side)

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

300

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RECEIVED
District Health Officer No. 10
District File Number 10-44-1669
Date Filed OCT 6 1944

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 Fred Gerth

Licensed Embalmer No. 42-56

P. O. Address Memphis 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.