FILED FEB 25 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4881
Do not use this space.

1. PLACE OF DEATH

(a) County Cass — Registration District No. 39

(b) Township Polk — Primary Registration District No. ~~4099~~ 5 — Registered No. 24

or

(c) City ..... (d) Street No. / ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Robert Cary

(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male D	white	married /

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adda May Cary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-4-46

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasburg, Mo

FATHER

13. NAME Edmon Cary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

MOTHER

15. MAIDEN NAME Catherine Howe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

17. INFORMANT (ADDRESS) Mrs Adda Cary Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill, Burial DATE 2-10-46, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen Brownfield Pleasant Hill, Missouri

20. FILED Feb. 18, 1946 Laura J. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1946

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1946, to Feb. 7, 1946

I last saw him alive on Feb. 6, 1946. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2-4-46

Other contributory causes of importance:

108

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. V. Murray, M. D.

(Address) Pleasant Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JUN 6 1946

SEP 18 1946

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 By me 2-7-46, Registered Apprentice No. ~~working~~ under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, M

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, above space should be left blank.