

FILED JUL 23 1948

State File No. _____

Registration District No. 273

Primary Registration District No. 5915

Registrar's No. 412

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Central Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Dodds Nursing Home
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79

(c) City or town Rural 7
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Meredith Mc Carley

3. (b) If veteran name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Klump

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

7. Birth date of deceased June 6 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Mc Carley

13. Birthplace Perry County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Brown

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

16. (a) Informant Carl Mc Carley

(b) Address Daisy, Mo

17. (a) Burial
(Burial, cremation, or removed)

(b) Date thereof 6-17-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Int. Hope Cemetery

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

(b) Address Perryville, Mo

19. (a) June 16 48
(Date received local report)

Joe J. Gallows
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1948 hour 6:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 4-12 1948 to 6-15 1948
that I last saw him alive on 6-13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to post paralyse 6 weeks

Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 97

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 9

23. Signature Alfred Weidman (M. D. or other) Do

Address Perryville, Mo Date signed 6-15/48

Public Health Officer No. 4
District File Number 248-9
Date Filed 2-26-1

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..... *Albert Bay*.....

Licensed Embalmer No..... *3866*.....

P. O. Address..... *Ferryville, 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.