

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7728

FILED MAR 3 1942
Registration District No. 195

Primary Registration District No. 6022

Registrar's No. 2

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Grand Ave. No. R-1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Grand Jere
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. No 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JAMES EDWARD McCARTY
3. (b) If veteran, name war _____
3. (c) Social Security No. ✓
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 15 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
year 1942 hour 50 minute P. M.
21. I hereby certify that I attended the deceased from 2-2-1941 to Jan-8-1942
that I last saw him alive on Jan-2-1942
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 23 If less than one day _____ hr. _____ min.
9. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

Immediate cause of death Chronic Nephritis Duration 3 yrs
Due to unknown
Due to _____
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name Josephine Mc Carty
13. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jan. Mc Clain
15. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Charles Mc Carty
(b) Address R-1 Grand Jere Mo
17. (a) Burial (b) Date thereof Jan. 11, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charter Cemetery
18. (a) Signature of funeral director Benham Lnd Co
(b) Address 313 Benton Grand Jere Mo
19. (a) Jan 10-42 (b) N. W. Harkins
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy 1318
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 _____
28. Signature A. L. Evans (M. D. or other) _____
Address Grand Jere Mo Date signed 1-10-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 4
District File Number 242-205
Date Filed 2-11-42

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, ^{and} or by _____
Leonard J. Fargo, Registered Apprentice No. 311
working under my personal supervision.

Signed R. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Sue 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, above space should be left blank.