

JAN 15 1940

Registration District No. 13Primary Registration District No. 4010Registrar's No. 76

## 1. PLACE OF DEATH:

- (a) County Andrew
- (b) City or town Savannah  
(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 60 yrs  
years, months or days3. (a) PRINT FULL NAME William Leslie Carr (659)

8. (b) If veteran, name war: —

8. (c) Social Security No. —

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Annie Carr

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

7. Birth date of deceased: 12 (Month) 23 (Day) 1854 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>11</u>	hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business

12. Name Williams, Carr

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

14. Maiden name Aurilla Dean

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

16. (a) Informant's own signature Edson Carr

(b) Address Belleville Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 1939  
(Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director Lu. G. Breit

(b) Address Savannah MO ORU.

19. (a) Dec 5 1939 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. South 6th street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? — years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4  
year 1939 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 6,  
1939 to Dec 3, 1939;

that I last saw him alive on December 3, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death

1. Cerebral Hemorrhage

Due to Hypertension

Due to Arterio-sclerosis

Other conditions Paralytic throat.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations § 21

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)

(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 Gilbert B. Kelley (M. D. or other)

Address Savannah Mo. Date signed

RECEIVED

District Health Officer No. 11,

District File Number 140-1890

Date Filed JAN 12 1940

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.....

*E. C. Kret*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. C. Kret*

Licensed Embalmer No. 2650

P. O. Address.....

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.