No. 2
1-10-39
17-39
X21492

FILED FEB 24 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2437

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 153

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

**1. PLACE OF DEATH:**
(a) County Greene 20
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1032 E. Commercial
(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) 600

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 1032 E. Commercial
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANK H. CARR.
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 Married
6. (b) Name of husband or wife Ora B. Carr 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16 (Day) 1872 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| ✓ | 67 | 7 | 27 | hr. min. |

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Engineer
11. Industry or business Frisco R.R. Co.
FATHER 12. Name Henry H. Carr
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cynthia H. Stubblefield
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Ora B. Carr
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.
19. (a) 2/15/40 (Date received local registrar) (b) Chas. A. George M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 13 year 1940 hour 6 minute 35 A. M.
21. I hereby certify that I attended the deceased from 1-11-40, 19__, to 2-11-40, 19__; that I last saw him alive on 2-11-40, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | 4 mo. |
| Due to | |
| Due to | |
| Other conditions Left Hemiplegia from Cerebral Hemorrhage (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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. L. Simpson M.D. (M.D. or other) 290
Address Springfield, Mo. Date signed 2-14-40

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 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 Ogle Slone Jr, Registered Apprentice No. 232 working under my personal supervision.

Signed Warren Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**