

Registration District No. 48

Primary Registration District No. 6072

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Nixa
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 years
years, months or days

8. (a) PRINT FULL NAME James Andrew Carney
8. (b) If veteran, name war none
8. (c) Social Security No. NONE

4. Sex male
5. Color or race w.
6. (a) Single, widowed, married, divorced unm
6. (b) Name of husband or wife unm
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased 12 23 1865
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 6
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business farmer

MOTHER FATHER
12. Name James Andrew Carney
13. Birthplace unk unk
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. L. Carruth
(b) Address Amoret Missouri

17. (a) Burial (b) Date thereof 3-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation State Line

18. (a) Signature of funeral director Archie & Margaret
(b) Address Amoret Mo
19. (a) 3/29-40 (b) Mrs. Carl Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Nixa
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles North Amoret
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28 day mar
year 1940 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to mar 28, 1940, that I last saw her alive on mar 27, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Endocarditis Duration 1 year

Due to _____
Other conditions 92 W
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? 51

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. W. Smith (M. D. or other) _____
Address Amoret Mo Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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. 7,

District File Number 4-40-653

Date Filed 4-12-40

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 ✓

working under my personal supervision. ✓
Registered Apprentice No. _____

Signed L. R. Mangalal

Licensed Embalmer No. 3610

P. O. Address Amsterdam Me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10107

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 48

Primary Registration District No. 5072

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Bonmer
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

James Andrew Carney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased 12 23 1866
(Month) (Day) (Year)

8. AGE: Years 74 75 Months 3 Days 6 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3/29-1940 (b) Mrs Carl Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 J. M. Smith (M. D. or other) _____

Address James _____ signed _____

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

SUPPLEMENTARY

12

S-10107 1940