

No. 2
13-40
7-39
X23159

FILED OCT 10 1940

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. #1 Fulton Mo.
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 26 days 3
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Katheryn Carner

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Robert H. Carner

6. (c) Age of husband or wife 60 years

7. Birth date of deceased Dec 29 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days -
64 64 9 - hr. min.

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

10. Usual occupation Homewife

MOTHER FATHER

12. Name Alexander M. Kinley

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

14. Maiden name Mrs. M. S. Kinley

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

16. (a) Informant Robert H. Carner

(b) Address Eldon Mo.

17. (a) Autopsy
(Burial, cremation, or removal)

(b) Date thereof 10-2-40
(Month) (Day) (Year)

(c) Place: burial or cremation Eldon Mo.

18. (a) Signature of funeral director Arthur McKay

(b) Address Eldon Mo.

19. (a) 9-30-40
(Date received local registrar)

(b) R. N. Crew
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller Co.

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th year 1940 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 9th to Sept 29 1940
that I last saw her alive on Sept 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to 97

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) no

(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 George J. Wood (M. D. or other) md
Address State Hosp. #1 Date signed 9/29/40

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

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 *Keith M. Kaye*

Licensed Embalmer No. *2998*

P. O. Address *Eldon 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.