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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31644

Registration District No. 735 Primary Registration District No. 3010 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution South Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)
In this community 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Carrollton (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.

3. (a) PRINT FULL NAME Charles Emmet Cary
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 Della S. Cary ~~3-11-1919~~
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased September (Month) 8 (Day) 1940 (Year)
8. AGE: Years 21 Months 5 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace Waverly, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business 0
MOTHER FATHER
12. Name Robert N. Cary
13. Birthplace CarrollCO, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Nannie E. Burton
15. Birthplace Buchanan Co, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Robert N. Cary
(b) Address Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Willis- Marshall
(b) Address Carrollton, Mo.
19. (a) 9-9-40 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8 year 1940 hour 6.30 p.m. minute ____ M.
21. I hereby certify that I attended the deceased from 9-8-1940, 19__, to 9-8-1940, 19__; that I last saw him alive on 9-8-1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental discharge of a shot gun in the Abdomen — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

184
27

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) Accident
(b) Date of occurrence 9-8-1940
(c) Where did injury occur? Near Norborne (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? White Farm
On the Chester (Specify type of place)
While at work? Hunting (e) Means of injury

23. Signature R. M. Benson (M. D. or other)
Address Carrollton Mo Date signed 9-9-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-4-40

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed R. M. Marshal

Licensed Embalmer No. 2525

P. O. Address Carrollton, M

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

If this body is not embalmed, fact should be so stated above.