

FILED APR 24 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12370

Registration District No. 887

Primary Registration District No. 4528

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Potosi
(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 _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wash 110
(c) City or town Potosi 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1941 hour 9 30 minute P.M.
21. I hereby certify that I attended the deceased from March 9th
1941, to March 11th 1941
that I last saw him alive on March 11th 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration

3. (a) PRINT FULL NAME Edward Carson

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 married
6. (b) Name of husband or wife Elizabeth Carson 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Dec 17 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 24 hr. min.

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

10. Usual occupation _____

11. Industry or business Labor

MOTHER FATHER { 12. Name Alek Cordes
13. Birthplace Salamanca Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Amasell
15. Birthplace Warrington Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Carson
(b) Address Potosi Mo

17. (a) Burial (b) Date thereof Mar 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo

18. (a) Signature of funeral director Shanks 000
(b) Address Potosi

19. (a) Mar 15 41 (b) G.F. Pearson
(Date received local registrar) (Registrar's signature)

Due to Influenza
Due to 37 W
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 Samuel R. Harrison (M. D. or other) 0
Address Potosi Mo Date signed March 21 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 _____

E. Everett Sparks

Licensed Embalmer No. _____

2639

P. O. Address _____

Elmwood 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, above space should be left blank.