

FILED MAY 18 1942

Registration District No.

Primary Registration District No. 4403

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla, Mo. sum  
(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 14 Years years, months or days

3. (a) PRINT FULL NAME Carl M. See

3. (b) If veteran, C name war \_\_\_\_\_  
3. (c) Social Security No. 498-10-5028

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Gregory See  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased July 14 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Robert See  
13. Birthplace Alma (City, town, or county) Ill. (State or foreign country)  
14. Maiden name Frances Ross  
15. Birthplace Bureau County (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs Carl M. See - Wife  
(b) Address Rolla, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/26/42 (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred J. Smith  
(b) Address Rolla, Mo.

19. (a) 4-24-1942 (Date received local registrar) (b) E. E. Faid (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Phelps  
(c) City or town Rolla (If outside city or town limits, write "RURAL")  
(d) Street No. 624 Salem Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24  
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4 24 1942 to 4-24 1942  
that I last saw him alive on 4-24-42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & acute failure  
Duration 1 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. E. Faid (M. D. or other)  
Address Rolla Mo. Date signed 4-26

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

81  
3  
2

# 10

**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 Wm W McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.**