

No. 2
4-13-40
5-17-39
I X2315

JUL 14 1942

Registration District No. 287

Primary Registration District No. 5405

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rivers Mo. Clin. T.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community About three months
years, months or days)

3. (a) PRINT FULL NAME Thomas Carr

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months _____ Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation R.R. + Farm Labor

11. Industry or business _____

12. Name Stafford Carr

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

14. Maiden name Anna Carr

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

16. (a) Informant Ella Thompson

(b) Address Rivers Mo

17. (a) Burial (b) Date thereof 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Lady Am. Cemetery, Mo.

18. (a) Signature of funeral director James B. Kennitt

(b) Address Kennitt Mo

19. (a) 7-18-42 (b) James B. Kennitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 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 Gun shot wound in back, penetrating lungs + large vessels
Due to fall by person or persons unknown
Due to Coroner's jury verdict.

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

Major findings: 166
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 16 1942
(c) Where did injury occur Rivers, Dunklin, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Y

While at work _____ (Specify type of place)
(e) Means of injury Gun

23. Signature Jules V. Moore (M. D. or other)
Address Maye, Mo. Date signed 5/16/42

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 742-902-

Date Filed JUL 13 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.