

FILED OCT 10 1942

Registration District No. 47

Primary Registration District No. 3008

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Calloway
 (a) County _____
 (b) City or town Fulton
 (c) Name of hospital or institution: State Hosp No 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State Missouri (b) County Casper
 (c) City or town Boonerville 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN. CAREY
 3. (b) If veteran, name war _____
 3. (c) Social Security ? No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 5
 year 1942 hour 5 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Sept 1
 _____, 1942, to Sept 3, 1942;
 that I last saw him alive on Sept 3, 1942,
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive OK years
 7. Birth date of deceased June 24 1881
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years 60 Months 2 Days 19 hr. _____ min. _____
 If less than one day

Due to _____
 Due to _____
 Other conditions arterio sclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace Casper County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation FIREMAN

Major findings: Of operations 830!
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name George H Carey
 13. Birthplace Missouri (State or foreign country)
 14. Maiden name Sarah Runk
 15. Birthplace U.S.A. (State or foreign country)

16. (a) Informant Runk
 (b) Address _____
 17. (a) Removal (b) Date thereof 9-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Boonerville, Mo

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? _____

18. (a) Signature of funeral director James Runk
 (b) Address Boonerville
 19. (a) 9-3-42 (b) John Monahan
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Robert P. Over (M. D. or other) MD
 Address Fulton Mo Date signed 9-3-42

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.....

will be embalmed
working under my personal supervision.

Registered Apprentice No.....

Signed.....

James W. Signer

Licensed Embalmer No.....

3780

P. O. Address.....

Brownell, 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.