DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30101

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 70

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town LIBERTY (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 49 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. 316 E. Franklin (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Robert Don Carlos

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELLA Robb Don Carlos 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased NOV. (Month) 14 (Day) 1874 (Year)

8. AGE: Years 67 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation REAL ESTATE

11. Industry or business

FATHER
12. Name Thomas J. Don Carlos
13. Birthplace Moniteau Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Jane Maupin
15. Birthplace Cooper Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Ella R. Don Carlos

(b) Address 316 E. Franklin, Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo.

18. (a) Signature of funeral director Church-Archer Co.

(b) Address 111 N. Water Liberty Mo.

19. (a) Sept. 25, '42 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July, 1937, to Sept 23, 1942, that I last saw him alive on Sept 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Carcinoma	18 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47c

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Glenn M. Hendren (M. D. ~~or other~~)

Address Liberty, Mo Date signed 9/25/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
State File Number
Date Filed 10-8-42

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Sam D. Church

Licensed Embalmer No. 3286

P. O. Address Liberty, 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.