

FILED NOV 6 1942

State File No. ....

Registration District No. 104

Primary Registration District No. 30-2-3 3032

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
401 Hamilton 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 5 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Centerview  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Georgia Gypsin Carmack

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 3 - year 1942, hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 30, 1942 to Oct 3, 1942; that I last saw him alive on Oct 2, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Gus Carmack 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Feb. 22 - 1868  
(Month) (Day) (Year)

Immediate cause of death Submucous Congestion

8. AGE: Years 74 Months 7 Days 23 If less than one day hr. min.

Due to Fracture left hip  
Due to senility

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business  
12. Name Horace Gypsin  
13. Birthplace Unknown Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy Bowden  
15. Birthplace Unkuburn Alabama  
(City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy

16. (a) Informant Gus Carmack  
(b) Address Centerview Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Oct-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) 151  
(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?

(c) Place: burial or cremation Centerview Mo

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

18. (a) Signature of funeral director Suzeyney-Phillips  
(b) Address Warrensburg Mo

19. (a) Oct 5 - 1942 (b) Spaldin Williams  
(Date received local registrar) (Registrar's signature)

23. Signature W. Williams (M. D. or other) W  
Address Warrensburg Mo Date signed 10-5-42

RECEIVED

District Health Officer No. 8,

District-File Number

Date Filed 11-5-42

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 R. A. Phillips

Licensed Embalmer No. 2920

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B  
21-41  
29288

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34086

Registration District No. 164

Primary Registration District No. 2032

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Georgiad Carmack  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1942 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death pulmonary congestion Duration \_\_\_\_\_  
Due to fracture left hip  
Due to senility  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

7. Birth date of deceased Feb 22  
(Month) (Day) (Year)  
8. AGE: Years 74 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Sept 26, 1942  
(c) Where did injury occur? Center view Johnson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at her home, out of shoulder  
While at work? no (Specify type of place) (e) Means of injury fall  
23. Signature Ed Carmack 2nd (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

S-34086

1942