

FILED NOV 9 1942

Registration District No. 176

Primary Registration District No. 2635

Registrar's No. 92

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

55
30

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution: Mt. State Sanatorium
(d) Length of stay: In hospital or institution 136 days
In this community 136 days -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agvilla Silwood Carson

3. (b) If veteran, name war. No
3. (c) Social Security No. 485-184569

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. 30. 1877
(Month) (Day) (Year)
(b) Name of husband or wife Fessie Walker Carson

8. AGE: Years 64 Months 8 Days 17
If less than one day hr. min.

9. Birthplace Aurora Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER
12. Name Albert Carson
13. Birthplace unknown Geet
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Davidson
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Michael Regard Dub
(b) Address Missouri State San

17. (a) Removal (b) Date thereof July 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pertawille mo

18. (a) Signature of funeral director Geo. B. Orr
(b) Address Mt. Vernon mo

19. (a) July 17 42 (b) Aurora, Wis.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1942 hour 3:10 minute 0 M.

21. I hereby certify that I attended the deceased from March 30, 1942, to July 16, 1942, that I last saw him alive on July 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis
Duration: 1 1/2 yr

Due to

Due to

Other conditions: 136
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. H. Harrison (M. D. or other)
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1532

Date Filed NOV 5 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. 7406

P. O. Address Wm Yemmon

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.