

FILED DEC 5 1942
 Registration District No. 2000

State File No. _____
 Registrar's No. 817

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
861 Concord /
 (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 Missouri (b) County Greene
 (c) City or town Springfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 861 Concord
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alfred Carlson

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased: Nov 17 1863
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Sweden Sweeden
 (City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Tailor

12. Name Carl Carlson

13. Birthplace Unknown Sweden
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Edith Carlson

(b) Address 861 Concord Springfield, Mo

17. (a) Burial (b) Date thereof 11/14/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Dunn / Funeral Home

(b) Address 629 N. Walnut Springfield, Mo

19. (a) 11-14-42 (b) Dr. W. H. Hurdley
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 12 year 1942 hour 3 minute 30P. M.

21. I hereby certify that I attended the deceased from 11/11 1942 to Nov 12 1942
 that I last saw him alive on Nov 11 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio Sclerosis

Other conditions Myo carditis Chron
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 93d

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 F. J. Dwyer, M.D. (M. D. or other) O
 Address Med. Arts Bldg Date signed 11/13/42

Duration
Inpatient and out
15 1/2

PHYSICIAN
 Underline the cause to which death should be charged statistically.

984 (Licensed Embalmer's Statement on Reverse Side) Springfield Mo

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

39
 62

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.....

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

Signed..... *Frank Grable Jr.*

Licensed Embalmer No. *4140*

P. O. Address..... *Springfield, 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.

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