

LED APR 14 1943

Registration District No. 560

Primary Registration District No. 6225

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

1. PLACE OF DEATH:

(a) County Stone Co Vernon

(b) City or town Washington Twp Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months & 26 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone

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

(d) Street No. Hurley Ave
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edith CARR

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joe CARR

6. (c) Age of husband or wife if alive 56 yrs years

7. Birth date of deceased April 18th 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 11 — — hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Jess Loney

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

14. Maiden name Polly Ethridge

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

16. (a) Informant State Hospital No 3 Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Mar 19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurley Mo

18. (a) Signature of funeral director J.W. Maples

(b) Address Elmer Mo

19. (a) 3-18-43 (b) Fazel B. Beirick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1943 3 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from August 22nd 1942, to March 18th 1943
that I last saw her alive on March 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Dis

Due to et.

Due to

Other conditions Ch. Nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 13th

Of operations

Of autopsy

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?

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

23. Signature G.S. Warlick (M. D. or other)
Nevada Mo Date signed 3/18/43

RECEIVED

District Health Officer No. 7;

District No. 3-43-37

Date Recd. 4-6-43

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.....

J. W. Maples

Licensed Embalmer No. *2985-*

P. O. Address *Cleveland 7110*

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.