

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17222

State File No. \_\_\_\_\_

FILED JUN 14 1943

Primary Registration District No. 3000

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital, or institution: 405 S. Stanford /  
(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 Mo. (b) County Adair /

(c) City or town Kirksville, Mo. /  
(If outside city or town limits, write "RURAL")

(d) Street No. 405 S. Stanford /  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Benton Carr

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Christie Cradock

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

7. Birth date of deceased: April 20 1849  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>1</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Lee County Iowa /  
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor of Dentistry

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

MOTHER FATHER { 12. Name John T. Carr

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

14. Maiden name Julia Ann Wilson

15. Birthplace unknown Ohio /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Ross

(b) Address Kahoka, Mo

17. (a) Burial (b) Date thereof 6/1/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemt.

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo

19. (a) 6/1/43 (b) Mrs. J. L. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30<sup>th</sup>  
year 1943 hour 7:10 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1942 to May 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis several years  
arteriosclerosis /

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Spencer L. Freeman /  
Atty Kirksville, Mo (M.D. or other) /  
Address \_\_\_\_\_ Date signed 5/31/43

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-1099

Date Filed JUN 11 1943

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 Deerley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.