S. No. 2
—9-4-41
5-17-39
FILED OCT 7 1943 128 ~~816~~

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31622

State File No.

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 785

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

39
2
6

1. PLACE OF DEATH:

(a) County GADENE

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

(c) Name of hospital or institution:
Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney 106

(c) City or town Forsyth 'Rural' 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ernest Dean Carr

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race wht

6. (a) Single, widowed, married, divorced 0 Infant

6. (b) Name of husband or wife none

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

7. Birth date of deceased May (Month) 23 (Day) 1943 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	3	29	hr. min.

9. Birthplace Forsyth (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ernest Martin Carr
13. Birthplace Liberal (City, town, or county) Kans. 1 (State or foreign country)

MOTHER
14. Maiden name Lora Lucinda Shrum
15. Birthplace Green Forest (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Ernest M. Carr, father
(b) Address Forsyth, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 - 22 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Forsyth Mo.

18. (a) Signature of funeral director Family - Mr. Carr
(b) Address Forsyth, Mo.

19. (a) 9-22-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 43 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-18-43, 19 to 9-22-43, 19
that I last saw h. we alive on 9-22-43, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chr. intestinal indigestion	mo
Due to	
Due to	
Other conditions Anhydremia intoxication (Include pregnancy within 3 months of death)	4 d

Major findings:
Of operations 118.3
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Springfield Mo Date signed 9-22-43

7 8 4

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.