

No. 2  
1-2-43  
5-17-39  
I X35697

**FILED FEB 28 1944**  
Registration District No. **28 194**

Primary Registration District No. **5653**

Registrar's No. **26**

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Mo State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 198 days (Specify whether years, months or days)

In this community 198 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson **50**

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

(d) Street No. 231 N. 4th  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Edna Carron

3. (b) If veteran, name war None

3. (c) Social Security No. 498-22-1633

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Walter A Carron

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Sept 5 1910  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th year 1944 hour 6 minute 40P M.

21. I hereby certify that I attended the deceased from July 29th, 1944 to Feb 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Cher  
1 yr

Duration \_\_\_\_\_

8. AGE: Years 33 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name William Paul Vinyard

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

14. Maiden name Mary Sewald

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

16. (a) Informant Mr. Michael Howard Clark

(b) Address Mo State San. Mt. Vernon Mo

17. (a) Removal (b) Date thereof July 13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Mt. Vernon Mo

19. (a) 2-14-44 (b) Andy Campbell  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions 13 1/2  
(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)

(a) Means of injury 3

23. Signature Ethel E. Coffman (M. D. certifier)

Address Mo State Sanatorium Date signed 2-12-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

1338

RECEIVED

District Health Officer No. 6,

District File Number 244-271

Date Filed FEB 25 1944

**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.....

*Geo. B. Owen*

Licensed Embalmer No. 946

P. O. Address W. Vernon

**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.**