

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

F 24385

FILED AUG 14 1944

State File No. ....

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 161

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mrs. Chagoy Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29  
(c) City or town Everton Mo.  
(If outside city or town limits, write "RURAL")  
(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 Frances Eliza Carlock

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased January 18 1855  
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John M. Connell Tarrant

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

14. Maiden name Nancy Potter

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

16. (a) Informant Mrs. Marjorie Adamson

(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof July 16-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sinking Creek Cemetery

18. (a) Signature of funeral director. W. E. Brown

(b) Address Walnut Grove Mo.

19. (a) July 20 '44 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1944 hour 11:45 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 1944 to July-6 1944  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy July 6 - 1944 Duration

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature J. E. Coats (M. D. certifier)

Address Jayline Mo. Date signed

128 (Licensed Embalmer's Statement on Reverse Side)

44-7-613

SEARCHED  
SERIALIZED  
INDEXED  
FILED

**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. Birch*

Licensed Embalmer No. 3856

P. O. Address. Ash Grove 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.**