S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1945

Registration District No. 157

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6352

Primary Registration District No. 3028

Registrar's No. 48

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: 522 N. McGregor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 3 yr. 5 mo. - 24 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jasper
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 522 N. McGregor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Lawrence Eugene Carnes
3. (b) If veteran, name war: —
(c) Social Security No.: —

4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Sept. (Month) 3. (Day) 1941 (Year)

8. AGE: Years 3 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Carthage (City, town, or county) Mo. U. (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
FATHER
12. Name: Jessie Carnes
13. Birthplace: Stocam (City, town, or county) Neb. (State or foreign country)
MOTHER
14. Maiden name: Ida Cole
15. Birthplace: Mt. Vernon (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. J. Carnes
(b) Address: Carthage Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill
18. (a) Signature of funeral director: Ed Hellmer
(b) Address: Carthage, Mo.
19. (a) Mch. 1'45 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1945 hour 9 minute 35 P.M.
21. I hereby certify that I attended the deceased from Feb 3 1945, 19____, to Feb 29, 1945, that I last saw him alive on Feb 27, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration
Due to: Fire Burns Lower Shoulder, Thighs + Half way around
Due to: on feet.
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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: 116
(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.)
Address: Carthage Mo. Date signed: 3-1-45

(Licensed Embalmer's Statement on Reverse Side)

45-2-183

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 Ed [illegible]

Licensed Embalmer No. 2222

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.