S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9956

State File No. 47

FILED MAR 29 1946

Registration District No. 383

Primary Registration District No. 5655

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 692 days (Specify whether

In this community 692 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LaClede 53

(c) City or town Leba non (If outside city or town limits, write "RURAL") 1

(d) Street No. 719 No. Adams (If rural, give location) 2

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Preston Myers Carden

3. (b) If veteran, name war no

3. (c) Social Security No. 486-24-0331

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 23 (Day) 1922 (Year)

8. AGE: Years 23 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation Lathe Operator

11. Industry or business Defense plant

FATHER
12. Name Robert Lee Carden
13. Birthplace Orla (City, town, or county) Missouri (State or foreign country) 0

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

16. (a) Informant E. McMichael, Record Clerk

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 1946 (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director A D Fossett

(b) Address Mt Vernon, Mo.

19. (a) 3/14/46 (Date received local registrar) (b) O R Phelbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1946 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from April 14th, 1944 to March 11th, 1946 that I last saw him alive on March 11th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis Abt	2 yrs & 3 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 13	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. F. Fleischauer (M. D. or other) MD

Address Mt. Vernon, Mo. Date signed 3-11-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 346-369
Date Filed MAR 25 1946

MAR 29 1946

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 H D Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Me

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.