

FILED APR 17 1946

Registration District No. **798** Primary Registration District No. **2033**

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
Wallace Memorial 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day specify whether

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Conway 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Linda Ruth Carr

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

4. Sex F / 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 Feb. 28 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	hr. _____ min.

9. Birthplace Conway mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles A. Carr

{ 13. Birthplace Conway mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Stanley

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

16. (a) Informant Charles A. Carr

(b) Address Conway mo.

17. (a) Burial (b) Date thereof 3-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway Cemetery

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

(b) Address Lebanon mo.

19. (a) 3-15-46 (b) Ora Frankberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 1
year 1946 hour 6 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2-28, 1946 to Mar 1, 1946
that I last saw her alive on 2-29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Premature
birth

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

159

Duration

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.W. Friday (M. D. or other) M.D.
Address Conway Date signed 3-13-46

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

12294

Received 4-11-46

Laclede County Health Unit.

File No. 3-46-27

Date Filed 4-11-46

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.....

No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.