

57823

REG. ED APR 22 1946  
Registration District No. 275

Primary Registration District No. 6288

Registrar's No. 7

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town Rural - Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Three years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright 114  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Isabelle Carr  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 18  
year 1946 hour 9:00 minute \_\_\_\_\_ A.M.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
7. (b) Name of husband or wife Charley Carr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 19 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 18 1946 to Jan 18 1946  
that I last saw him alive on Jan 18 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death As cited by autopsy (Peritonitis)

8. AGE: Years 74 Months \_\_\_\_\_ Days 30 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 200 ad

9. Birthplace Wright Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: J. V. Hough PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

MOTHER FATHER { 12. Name E. N. Davis  
13. Birthplace Mo. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Randolph  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Colton  
(b) Address Crossspring, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gramhall Cemetery

18. (a) Signature of funeral director Gene G. Alden  
(b) Address Hartsville, Mo.

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

19. (a) 3-10-46 (b) E. J. Farrell  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 6;

District File Number 446-506

Date Filed APR 17 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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.