

No. 2
M-5-43
5-17-39
I X34671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19394
State File No.

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 78

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico mo
(c) Name of hospital or institution Audrain Hospital
(d) Length of stay: In hospital or institution
In this community a few minutes
years, months or days

3. (a) PRINT FULL NAME Bertha Jane Carnot
3. (b) If veteran, name war L
3. (c) Social Security No. L

4. Sex F 1
5. Color of race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Feb 24 1897
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 8
If less than one day hr. min.

9. Birthplace Audrain Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Clara Wilburn
13. Birthplace Audrain Co MO
14. Maiden name Susan Carl
15. Birthplace Callaway Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna Stroger
(b) Address High Hill mo
17. (a) Burial (b) Date thereof 6-9-1946
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address Wellsville mo
19. (a) 6-4-1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Markedburg MO
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country

20. DATE OF DEATH: Month June day 2 year 1946 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 2 1946 to June 2 1946
that I last saw her alive on June 2 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial pneumonia 2 days
chronic myocarditis 3 1/2 yrs
Due to
Due to ~~parenchymatous nephritis~~ CHRONIC PARENCHYMATOUS NEPHRITIS 5 yrs
Other conditions
Major findings: Of operations
Of autopsy none

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?
(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. Helmer (M. D. or other) Address Wellsville mo Date signed 6-3-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-46-1267

Date Filed JUL 12 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 Self

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

Signed T B Wells

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.