

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27614

State File No. _____

FILED SEP 10 1946
Registration District No. 176

Primary Registration District No. 4275

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Linn

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

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

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

In this community 62yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sone 104

(c) City or town Worley Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Carr

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour 9 minute 10 P.M.

4. Sex M Color or race W

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased April 18 (Month) (Day) (Year) 1886

21. I hereby certify that I attended the deceased from June 1 - 1946 to August 24, 1946 that I last saw him alive on August 7 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 18 If less than one day hr. _____ min. 0

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

Immediate cause of death Arteriosclerosis generalized Duration Not known

10. Usual occupation Farmer

11. Industry or business _____

12. Name Steven Carr

13. Birthplace Ark (City, town, or county) (State or foreign country)

14. Maiden name Susan Henry

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

Due to _____

Due to _____

Other conditions Arteriosclerosis, cerebral (include pregnancy within 3 months of death) not known

Major findings: Chronic arteriosclerosis 2 years PHYSICIAN _____

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle Carr

(b) Address Worley Mo

17. (a) Rural (b) Date thereof Sept 14 (Month) (Day) (Year)

(c) Place: burial or cremation Spout Cemetery

18. (a) Signature of funeral director Oran Walsh

(b) Address Worley Mo

19. (a) Sept 2-46 (b) Oran Walsh (Date received local registrar) (Registrar's signature)

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 James L. Leary M.D. or other M.D.
Address Worley, Mo Date signed 9/24/46

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

5
0

20450

157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 996-944

Date Filed SEP 9 - 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.....

Licensed Embalmer No.....

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.