

FILED SEP 12 1946

Registration District No. 369

Primary Registration District No. 6252

Registrar's No. 8

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town MILLSPRING
(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. LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME

MAMIE ETHEL CARNAHAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife ERNEST ROY CARNAHAN

7. Birth date of deceased: July 19 1912 (Month) (Day) (Year)

8. AGE: Years 34 Months 1 Days 0 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name CHARLES JAMES G

13. Birthplace MT. VIEW MO. (City, town, or county) (State or foreign country)

14. Maiden name MARY LESTER

15. Birthplace WAYNE CO. MO. (City, town, or county) (State or foreign country)

16. (a) Informant ERNEST ROY CARNAHAN

(b) Address MILLSPRING, MO.

17. (a) BURIAL (b) Date thereof 8/20/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARSON HILL near MILLSPRING, MO.

18. (a) Signature of funeral director J. W. [unclear]

(b) Address Piedmont, Mo.
19. (a) Aug 26 1946 (b) [unclear] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County WAYNE
(c) City or town MILLSPRING
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 19, year 1946 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from 1945 to 1946
that I last saw him alive on May 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
Duration
Diagnosed at Barnes Hosp St Louis, Mo

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 48/B

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. [unclear] (M. D. or other)
Address Piedmont Mo Date signed 8/26/46

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

28236

540

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

Norman W. Gish

Licensed Embalmer No.

2387

P. O. Address

Piedmont W.

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.