

FILED NOV 18 1946

Registration District No. ....

Primary Registration District No. 6386

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

1. PLACE OF DEATH: Dale

(a) County: Dale

(b) City or town: Rural - Center Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
one mile North of Greenfield  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None  
(Specify whether years, months or days)

In this community: 48 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dale

(c) City or town: Rural  
(If outside city or town limits, write "RURAL")

(d) Street No.: one mile North of Greenfield  
(If rural, give location)

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

3. (a) PRINT FULL NAME: BEATRICE HARRIS CARMACK

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 5  
year: 1946 hour: 5 minute: A. M.

21. I hereby certify that I attended the deceased from Nov. 3, 1946  
to Nov 5, 1946  
that I last saw her alive on Nov 5, 1946  
and that death occurred on the date and hour stated above.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Harry Carmack

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: June 11 1898  
(Month) (Day) (Year)

Immediate cause of death: Hodgkins Disease

Duration: 10 mo.

8. AGE:

Years	Months	Days	If less than one day
48	4	24	hr. min.

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

MOTHER, FATHER

9. Birthplace: Dale County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Home

11. Industry or business: Home

12. Name: John L. Harris 9

13. Birthplace: No Record  
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Freddie 9

15. Birthplace: No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant: Harry Carmack

(b) Address: Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof: 11-7-46  
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenfield Cemetery

18. (a) Signature of funeral director: Smith & Sonney

(b) Address: Greenfield, Mo.

19. (a) 11-7-46 (Date received local registrar)

(b) Geo L. Weir (Registrar's signature)

Major findings: Of operations: 44B

Of autopsy: .....

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) of injury: 2

23. Signature: Marshall Shockey D.O. 11-5-46  
Address: Greenfield Date signed: 11-5-46

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**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..... *Sam E. Senevey Jr*.....

Licensed Embalmer No. *4099*.....

P. O. Address..... *Greenfield, 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.**