

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 9 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41394  
Registrar's No. 9794

Registration District No. 217  
Primary Registration District No. 3045

1. PLACE OF DEATH:  
(a) County Mississippi  
(b) City or town Charleston  
(c) Name of hospital or institution:  
109 Tom Brown St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 Tom Brown St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Safrona Carr  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 15th  
year 1946 hour 8:00 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 12/3 to Dec 15, 1946  
that I last saw her alive on Dec 14, 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 Widowed  
6. (b) Name of husband or wife William Carr, Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: November 26, 1854  
(Month) (Day) (Year)

Immediate cause of death  
Pontaneous Pneumothorax (it)  
Due to ca. of Lung - secondary to Pharyngitis  
Due to ca. of Stomach 2 year  
Other conditions Cardiovascular Renal  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
92 0 19 hr. \_\_\_\_\_ min.

Major findings: Of operations none  
Of autopsy no  
Duration  
2 year  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Bloomsdale, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Housewife

11. Industry or business None  
12. Name Godfrey Boyer  
13. Birthplace Bloomsdale, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elynn Charleville  
15. Birthplace Bloomsdale, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Carr  
(b) Address Charleston, Missouri

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 (Burial, cremation, or removal) (b) Date thereof 12-17-1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery Charleston, Missouri  
18. (a) Signature of funeral director The R. Reunert  
(b) Address Charleston, Missouri  
19. (a) 12-31-46 (Date received local registrar) (b) Mrs. Jean Bondurant (Registrar's signature)

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature E. Char. Salving (M. D. or other) Address Charleston, Mo. Date signed 12/23/46

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

RECEIVED

District Health Office No. 2,

District File Number 147-29

Date Filed 1-7-47

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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 Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.