

No. 2  
1-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5565

State File No. ....

Registrar's No. 40

FILED FEB 17 1947  
Registration District No. 240

Primary Registration District No. 4358

1. PLACE OF DEATH:

(a) County New Madrid

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Lilbourn 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Carr

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Ann Carr 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 1 20 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perrey County Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Carr

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

14. Maiden name Unknown

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

16. (a) Informant Walter Carr  
(b) Address Sikeston, Mo.

17. (a) Mounds Park (b) Date thereof 2 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds Park

18. (a) Signature of funeral director Borden Funeral Home  
(b) Address Lilbourn, Mo.

19. (a) 2-2-47 (b) B. L. Borden Deputy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31  
year 1947 hour 5:30 minute 6 M.

21. I hereby certify that I attended the deceased from Dec 15, 1946 to Jan 31, 1947;  
that I last saw him alive on Jan 31, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial pneumonia Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Heart disease  
(Include pregnancy within 3 months of death) lung

Major findings:  
Of operations ✓

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) (e) Means of injury ✓

23. Signature Charles M. Roon (M. D. or other) 0  
Address Troutman, Mo. Date signed 2/2/47

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

MAR 3 1947

---

---

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 Homer L. Ponder  
Licensed Embalmer No. 3367  
P. O. Address Filbourn, 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.**