DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 12487

Registrar's No. 593

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2802 Mitchell Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 2802 Mitchell Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Horace Woodward Carle

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

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Charla A. Carle

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: September (Month) 22 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
57 58	7	5	..... hr. ..... min.

9. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Doctor

11. Industry or business: Medicine

12. Name: Edward C. Carle

13. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

14. Maiden name: Carrie Smith

15. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mrs. H. W. Carle

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heston Bowman

(b) Address: St. Joseph, Mo.

19. (a) 5-5-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

Compared with Mary 8/17/47 Valdine Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 1, 1947, to 4/27, 1947, that I last saw him alive on 4/27, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolism.	
Due to: Chronic Heart disease	
Due to: Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9/50	
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Charles Greenberg (M. D. or other)

Address: P. O. Box 1 St. Joseph, Mo. Date signed: 4/27

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1947

JUN 1 1947

MAR 17 1955

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No. 42

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 593

On this 13th day of May, 1947 before me appears Mrs. H. W. Carle, who, upon her oath, states that the original record of death for Horace Woodward Carle, died April 27, 1947, in the State of Missouri, and which was filed at St. Joseph on May 5, 1947, should be corrected as follows:

Item No. 8 should read 57 years 7 months and 5 days

Instead of 58 years 7 months 5 days

Item No. 7 should read September 22, 1889

Instead of September 22n 1888

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Charla Carle - Wife
Relationship.

2802 Mitchell Ave.
Present Address.

Subscribed and sworn to before me this 19 day of May, 1947

Esther C DeBard
Notary Public.

My Commission expires My Commission Expires Sept. 17, 1948

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