No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18234

Registration District No. 247 Primary Registration District No. 4368 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Railroad Crossing Westworth Mo 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. north of Westworth Mo 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PATRICK P. CARR

3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Mary Carr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased not known (Month) not known (Day) 1873 (Year)

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace Pawtucket (City, town, or county) R.d. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Robert Carr
13. Birthplace not known (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Robert Carr
(b) Address Westworth Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Agnes Cemetery
18. (a) Signature of funeral director Wilkes Bros 4
(b) Address Pierce City Mo
19. (a) 5-14-47 (Date received local registrar) (b) M. L. Young (Registrar's signature) 2 2 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1947 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19.. to ..., 19..;
that I last saw him dead alive on May 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Crushed Head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) accident 73
(b) Date of occurrence May 13, 1947 1
(c) Where did injury occur? Westworth (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Frisco Grade Crossing (Specify type of place)
While at work? no (e) Means of injury Hit Car 3
23. Signature Corley Thompson (M. D. or other) Coroner
Address Neosho Mo Date signed 5/13/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1948

JUL 12 1946

SEP 8 1947

RECEIVED

District Health Officer No. Newton
District File Number 5-47-108
Date Filed 5-20-47

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~~ Edwin P. Wilks, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City 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.