

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37542**

FILED DEC 8 1947

Registration District No. **93**

Primary Registration District No. **5345**

Registrar's No. **102**

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

1. PLACE OF DEATH: **DADE**
 (a) County **DADE**
 (b) City or town **RURAL - SAC TOWNSHIP**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **12 MILES NORTH OF GREENFIELD**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NONE**
 In this community **70 YEARS**
 years, months or days

3. (a) PRINT FULL NAME **CLOUIS C. CARMACK**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **EMMA CARMACK**
 6. (c) Age of husband or wife if alive **31** years
 7. Birth date of deceased **MARCH 31 1877**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **25**
 If less than one day hr. min.

9. Birthplace **DADE COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

MOTHER FATHER
 12. Name **HARDIN P. CARMACK**
 13. Birthplace **QUERTON COUNTY TENNESSEE**
 (City, town, or county) (State or foreign country)
 14. Maiden name **MINERVA HULL**
 15. Birthplace **MURPHYSBORO ILLINOIS**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Carmack**
 (b) Address **Greenfield, Mo.**

17. (a) **BURIAL** (b) Date thereof **11-28-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FULLERTON CEMETERY**

18. (a) Signature of funeral director **Sam E. Sweeney Jr**
 (b) Address **Greenfield, Mo.**

19. (a) **11-28-47** (b) **500 S. Weir**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **DADE 29**
 (c) City or town **RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **12 MILES NORTH OF GREENFIELD**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **25**
 year **1947** hour **4** minute **20 P.** M.
 21. I hereby certify that I attended the deceased from **1915** to **Nov. 25 1947**
 that I last saw him alive on **Nov. 24 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Right Hemiplegia**
Hardening of Arteries
Chronic Nyeodatus
 Due to
 Due to
 Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g. n. p.**
 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
 23. Signature **J. F. Orsides** (M. D. or other)
 Address **Greenfield, Mo.** Date signed **11/24/47**

RECEIVED
District Health Officer No. 6,
District File Number 12-42-1258
Date Filed DEC 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 *Sam E. Senseney 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.