

FILED AUG 9 1948

2000

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **644**

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. John's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Died Enroute to Hospital**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **THOMAS HAROLD CARLTON**

3. (b) If veteran, name war **WW-1** 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 **Loetta John Carlton** 6. (c) Age of husband or wife if alive **47** years
 7. Birth date of deceased **October 7 1898**
 (Month) (Day) (Year)

8. AGE: Years - Months - Days If less than one day
49 9 24 hr. min.

9. Birthplace **Iantha, Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer & Stockman**

11. Industry or business _____

MOTHER FATHER { 12. Name **Tom Carlton**
 13. Birthplace **Mississippi**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Belle Ledgerwood**
 15. Birthplace **Hayesville, Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anita Carlton**

(b) Address **Lamar, Missouri**

17. (a) **Burial** (b) Date thereof **Aug 5 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery, Lamar, Mo.**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **8-4-48** (b) **M. E. Handley M.D.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar - Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **RFD #2**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **1**
 year **1948** hour **11:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **NOT IN ATTENDANCE BEFORE DEATH**, to _____, 19____;
 that I last saw him _____ alive on **DEAD ON ARRIVAL**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL INFARCTION, ACUTE** Duration **8 HRS.**

Due to **ATHEROSCLEROTIC AND HYPERTENSIVE HEART DISEASE** YEARS.

Due to _____
 Other conditions **BRONCHIAL ASTHMA** **MANLY YEARS.**
 (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) _____
 (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 **Glenn Turner** (M. D. _____)
 Address **Springfield, Mo.** Date signed **8/1/48**

AUG 17 1948

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.....

Barl F. Konantz

Licensed Embalmer No..... 2247

P. O. Address..... Lamar, Missouri

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.