

FILED AUG 27 1948

Registration District No. 14

Primary Registration District No. 5264

Registrar's No. 28

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Minden, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 66 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Minden, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country England

3. (a) PRINT FULL NAME Mrs. Rhoda Carr
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 25
 year 1948 hour 5 minute 00P M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 1 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1948 to 6/25, 1948
 that I last saw her alive on 6/25, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 0 24 hr. min.

Immediate cause of death: Cerebral Neurovascular
 Duration _____

9. Birthplace White Croft England
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business None

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

12. Name Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. R. George
 (b) Address 210 West First

17. (a) Burial (b) Date thereof 6/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Park Cem.

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? _____

18. (a) Signature of funeral director Smith Funeral Home
 (b) Address Pittsburg, Kansas

While at work _____ (Specify type of plant)
 (c) Means of injury _____

19. (a) 6/28/48 (b) H. R. George
(Date received local of registrar) (Registrar's signature)

23. Signature George J. Dick (M. D. or other)
 Address North St. Marks Date signed 6/26/48

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

4897

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

.....
Licensed Embalmer No..... 39 35

P. O. Address.....

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.