

No. 2
1-5-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40656

State File No. _____

FILED DEC 29 1948

Registration District No. 282

Primary Registration District No. 3037

Registrar's No. 744

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

1. PLACE OF DEATH: LAWRENCE COUNTY

(a) County.....LAWRENCE COUNTY

(b) City or town.....MT VERNON
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
MT VERNON
(If not in hospital or institution, write street number or location)

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

In this community.....LIFE TIME

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MO. (b) County.....LAWRENCE

(c) City or town.....RT. 1 AURORA
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?.....No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME.....AMOS FRANKLIN CARNEY

3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 7
year 1948 hour 9 minute 15A. M.

21. I hereby certify that I attended the deceased from Oct 20
1947 to Dec 7 1948
that I last saw him alive on Dec 2 1948
and that death occurred on the date and hour stated above.

4. Sex.....MALE 5. Color of race.....WHITE

6. (a) Single, widowed, married, divorced.....WIDOWED

6. (b) Name of husband or wife.....SARAH ELIZABETH

6. (c) Age of husband or wife if alive.....74 years

7. Birth date of deceased.....JANUARY 24, 1874
(Month) (Day) (Year)

Immediate cause of death.....Coronary thrombosis

Due to.....Rheumatic fever 14 months

Due to.....

8. AGE: Years Months Days If less than one day

74	10	23	hr. min.
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Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....P.A. Holmes M.D.

Of autopsy.....gfr

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation.....FARMER

11. Industry or business.....

12. Name.....JOHN CARNEY

13. Birthplace.....MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name.....MARTHA LAMOR
(City, town, or county) (State or foreign country)

15. Birthplace.....MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant.....MRS. E.B. WEBER

(b) Address.....MT VERNON, MO.

17. (a) BURIAL (b) Date thereof.....12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....MARIONVILLE, MO.

18. (a) Signature of funeral director.....J.B. Durrige

(b) Address.....MARIONVILLE, MO.

19. (a) 12-10-48 (b) Cecil Wendricks
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury.....

21. Signature.....P.A. Holmes (M. D. or other)
Address.....MT Vernon, Mo Date signed 12-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number: 1248-1377

Date Filed: 12-27-48

FEB 27 1950

FEB 16 1955

MAY 17 1957

DEC 23 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.....

William A. Falls

Registered Apprentice No. *29*

working under my personal supervision.

Signed *Herman J. Surridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville*

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.