

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27529

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 921

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon, | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly | |
| c. LENGTH OF STAY (in this place) 1722 days | | d. STREET ADDRESS (If rural, give location) 205 W. Carpenter | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ruth c. (Last) Carr | | | 4. DATE OF DEATH (Month) (Day) (Year) August 11, 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 7, 1922 |
| 9. AGE (In years last birthday) 30 | | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Higher, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME John William Chism | | 13b. MOTHER'S MAIDEN NAME Nancy E. Harris | 14. NAME OF HUSBAND OR WIFE T. J. Carr |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH abt. 69 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 002X | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from Nov. 23, 1916 , to Aug. 11, 1951 , that I last saw the deceased alive on Aug. 11, 1951 , and that death occurred at 5:10 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE C. A. Brasher M.D. | | 23b. ADDRESS Mt. Vernon, Mo. | 23c. DATE SIGNED Aug. 12, '51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Aug. 11, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Not known |
| 24d. LOCATION (City, town, or county) (State) Sturgeon, Mo. | | | |
| DATE REC'D BY LOCAL REG. Aug. 12, 1951 | | REGISTRAR'S SIGNATURE Cecil Hendricks | 5. GENERAL DIRECTOR'S SIGNATURE ADDRESS George B. Orr, Mt. Vernon Mo. |

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

0550

DIVISION OF HEALTH DEPT. MO.
District No. Springfield

RECEIVED

AUG 21 1951

Dist. File

51-1536

Date Filed

8-23-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George B Orr _____

Licensed Embalmer No. 946 _____

P. O. Address Mr Fernon, 7 No. _____

Notes: 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.