

REC'D MAY 16 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14151  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Barry Registration District No. 30  
(b) Township Monett Primary Registration District No. 5040 Registered No. 15  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rev. Luther Carlin

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ina Carlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 7 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

FATHER 13. NAME William M. Carlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Nancy Haddock,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Luther Carlin,  
(ADDRESS) R. #2, Monett, Mo.

18. BURIAL PLACE Walnut Grove DATE Apr. 30, 1939

19. FUNERAL DIRECTOR Callaway's.  
(ADDRESS) Monett, Mo.

20. FILED 4-30-39 W. M. West  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1939, to Apr 27, 1939

I last saw him alive on Apr 27, 1939. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

St. Louis Disease  
(em)

Date of onset  
1937Other contributory causes of importance: HTB

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) Ernest Mitchell, M. D.31 (Address) Monett Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-964

Date Filed MAY 9 1939

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan

Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by JDC

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

**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.)**