

REC'D MAY 25 1938

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

16057  
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 85 1/2  
(b) Township Jackson Primary Registration District No. 6124 Registered No. ....  
(c) City ..... (d) Street No. ....  
(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. da.

2. PRINT FULL NAME

Sda May Carlsted - 64 ...  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1938

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF James Robert Carlsted

22. I HEREBY CERTIFY, that I attended deceased from April 15, 1938, to April 15, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1865

I last saw him alive on April 15, 1938. Death is said to have occurred on the date stated above, at 11:28 a.m.

7. AGE YEARS 73 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. on farm  
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

Cerebral hemorrhage April 15-1938  
Date of case 6/25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County, Missouri

Other contributory causes of importance: 82 ml

FATHER 13. NAME Samuel Miller

Name of operation ..... Date of .....  
What test confirmed diagnosis? None Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Turner

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Leroy Carlsted, Miller, Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

18. BURIAL, CREMATION OR REMOVAL Elmwood Cem. DATE Apr. 17, 1938

(Signed) Carl Peterson, M. D.  
Miller, Mo. (Address)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Schoore, Miller, Mo.

20. FILED May 9, 1938 Clew Hagan Local Registrar. 712

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 3 1942

**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, \_\_\_\_\_

*Frank D. Schoene*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Frank D. Schoene*

Licensed Embalmer No. \_\_\_\_\_

*2016*

P. O. Address \_\_\_\_\_

*Milan, Mo*

**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, above space should be left blank.**