REC'D AUG 11 1938

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

Do not use this space.

24741

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1. PLACE OF DEATH

County Buchanan 1 Registration District No. 85

Township Primary Registration District No. 1001

City St Joseph Mo. (No. St. Hospital #2 St. Ward)

File No. 701

Registered No.

2. FULL NAME (J. B. Carmack) JOHN. B. CARMACK

(a) Residence, No. North Salem Mo. St., Ward. North Salem Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Emaline Carmack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1859

7. AGE: YEARS 79 MONTHS 0 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, 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) Missouri 0

FATHER

13. NAME Emanuel Carmack 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 0

MOTHER

15. MAIDEN NAME Emaline Coffman

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

17. INFORMANT (ADDRESS) Hosp. Records State Hosp #2 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Um DATE July 10 1938

19. UNDERTAKER (ADDRESS) Glenn E. Dent Greer City Mo

20. FILED 7/8 1938 H. J. Hesselbusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938, to July 7, 1938

I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 7:40 P.m.

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

Arterio sclerosis

Date of onset

97

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) R. Kuhlman, M. D.

(Address) State Hospital No. 2.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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