

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

D. G. Miller

294851
Do not use this space.

REC'D SEP 16 1938

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Saline Primary Registration District No. 4330
 (c) City Eldon (d) Street No. _____ Registered No. 67
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Kenneth Dale Carrender

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Eldon 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME L. H. Carrender 0

14. BIRTHPLACE (CITY OR TOWN) _____ 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Irene Jarrett

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Arkansas

17. INFORMANT L. H. Carrender
 (ADDRESS) Eldon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem (Miller Co.) 8-8 1938

19. FUNERAL DIRECTOR Phillips Funeral Home
 (ADDRESS) Eldon, Missouri

20. FILED 8-8 1938 Belle Hayes
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 1938 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P.M.

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

Pulmonary hemorrhage

Date of onset Aug 7

Other contributory causes of importance:

Prematurity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) Jesse W. Allen, M. D.

(Address) Eldon Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Louis D. Phillips, Licensed Embalmer No. 3663

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

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.)