

REC'D DEC 13 1938

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

40239

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. FrancoisRegistration District No. 773(b) Township St. FrancoisPrimary Registration District No. 6018A(c) City Farmington(d) Street No. State Hospital No 4 Registered No. 150  
(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 600 Narcis Carrow(a) Residence, No. Herculeaneum, Mo. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Carrow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2nd, 18547. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
84 7 68. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Bloomsdale  
(STATE OR COUNTRY) Missouri13. NAME Louis Carrow14. BIRTHPLACE (CITY OR TOWN) Bloomsdale  
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Lenora Charville16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)17. INFORMANT State Hospital #4 Records  
(ADDRESS) Farmington, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Herculeaneum, Mo. DATE 11-10-3819. FUNERAL DIRECTOR (NAME) Vinyard's  
(ADDRESS) Festus, Missouri20. FILED Nov 10, 1938 739 Robinson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-38 1922. I HEREBY CERTIFY, That I attended deceased from 9-6, 1938, to 11-8, 1938I last saw him alive on Nov 7, 1938. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Generalized arteriosclerosis with arteriosclerosis cordiae conduction defect  
Date of onsetOther contributory causes of importance: Senile mental deteriorationName of operation clinical Date of 11-8-38  
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 injury24. Was disease or injury in any way related to occupation of deceased?  
If so, specify P. S. Tate, M. D.  
(Signed) P. S. Tate(Address) State Hosp. #4 of Farmington, Mo.

RECORD

WRITE PLAINLY, WITHOUT UNFADING INK---THIS IS A PERMANENT RECORD

I X14925

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

..... or by .....

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

Signed.....

Licensed Embalmer No. 3810

P. O. Address Festus 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.**