

REC'D JAN 25 1939

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

44187
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski 7 Registration District No. 713
(b) Township Cullen Primary Registration District No. 5942 Registered No. _____
(c) City _____ or _____ (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 William Henry Carmack

(a) Residence, No. _____ Pulaski County, Mo. 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 Alma Carmack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 4

OCCUPATION 8. 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. Own farm.
10. Date deceased last worked at this occupation (month and year) Dec. 13th 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

FATHER 13. NAME William Henry Carmack

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

MOTHER 15. MAIDEN NAME Susan Greer.

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

17. INFORMANT Mrs. Alma Carmack. (ADDRESS) Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem. DATE Dec. 19, 1938

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS. (ADDRESS) Crocker, Mo.

20. FILED 12/12 1935 W. J. Hoops Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1935 to Dec 16 1935. I last saw him alive on Dec 16 1935. Death is said to have occurred on the date stated above, at 9⁰⁰ a.m.

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

Solar Coronary Date of onset _____
108
Other contributory causes of importance: Cardiac Catheter

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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 _____
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) W. J. Hoops, M. D.
(Address) Waynesville, Mo.

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.

FEB 8 1953

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 XXXX

XXXXXXXXXX

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 3261

P. O. Address Crocker, 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.