

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.

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

10067
 Do not use this space.

REC'D APR 11 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 20
 (b) Township WASHINGTON Primary Registration District No. 20
 (c) City St. Joseph (d) Street No. 1816 North 3rd. St. 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? 70 yrs. mos. ds.

2. PRINT FULL NAME

David Carswell
 (a) Residence, No. 1316 North 3rd. 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 Elizabeth Carswell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Proprietor
 9. Industry or business in which work was done, as saw mill, bank, etc. Fence Company
 10. Date deceased last worked at this occupation (month and year) March 1939 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland 4

FATHER 13. NAME John Carswell 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland 4

MOTHER 15. MAIDEN NAME Marion Bullock
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Scotland

17. INFORMANT (ADDRESS) Mrs David Carswell
1316 No. 3rd. Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE March 7th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton Bellah & Co
319 So. 10th Str. Quincy, Mo

20. FILED Mar 6, 1939 H. J. Muthrich
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1939, to March 4, 1939
 I last saw him alive on Feb 28, 1939 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis ?
9
years.
 Date of onset

Other contributory causes of importance: 131
101
 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) W. H. Morris M. D.
 (Address) 309 E. 10th St.

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, 3/5/39

or by _____

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

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address 319 So 1st St. Joseph

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.