

RECORDED MAY 11 1939

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

Dr. Joe J. ...  
14896.  
Do not use this space.

1. PLACE OF DEATH  
(a) County GREENE Registration District No. 318  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 330  
(c) City SPRINGFIELD (d) Street No. St. Johns Hospital 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 600 Baby Carr. (Boy)  
(a) Residence, No. 916 St. Johns St.  (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) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 0 min.

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. \_\_\_\_\_

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) Springfield, Mo.

13. NAME Gerald Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

15. MAIDEN NAME Louise Turk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Grove, Mo.

17. INFORMANT (ADDRESS) Gerald Carr, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE April 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Johnson, Springfield, Mo.

20. FILED 4-19-39 Chas. W. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. HEREBY CERTIFY, That I attended deceased from 4-18, 1939, to 4-18, 1939.

I last saw him alive on 4-18, 1939. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:  
Anencephalus  
Pre-maturity 34th wk.

Date of onset \_\_\_\_\_

Other contributory causes of importance: 15A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Joseph A. ..., M. D.  
Springfield, 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.

**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.....

P. O. Address.....

**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.**

X