

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

15006
Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH *Howard* 2
 (a) County *Howard* Registration District No. *380*
 (b) Township *Franklin* 1 Primary Registration District No. *5520* Registered No. *10*
 (c) City (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.

625
 2. PRINT FULL NAME *Sallie Turner Carson*
 (a) Residence, No. *New Franklin, Mo. R. #1* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>H. T. Carson</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 27-1867</i>				
7. AGE	YEARS <i>71</i>	MONTHS <i>3</i>	DAYS <i>13</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>1-1-18</i>			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Howard Co. Mo.</i>				
FATHER	13. NAME <i>Wm B. Carson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Howard Co. Mo.</i>			
MOTHER	15. MAIDEN NAME <i>Sallie Turner</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Howard Co. Mo.</i>			
17. INFORMANT (ADDRESS) <i>Mr. H. T. Carson New Franklin Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Gayette City Cem.</i> DATE <i>April 27, 1939</i>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>O. S. Henson New Franklin, Mo.</i>				
20. FILED <i>4-18-</i> 19 <i>39</i> <i>Clara T. Landrum</i> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>4-10</i> 19 <i>39</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>9-6</i> 19 <i>39</i> , to <i>4-10</i> 19 <i>39</i>	
I last saw him/her alive on <i>4-9</i> 19 <i>39</i>	Death is said to have occurred on the date stated above, at <i>2 A.</i> m.
The principal cause of death and related causes of importance were as follows: <i>Typhemia</i> <i>Chronic active nephritis</i> <i>131</i>	
Other contributory causes of importance: <i>Terminal Pneumonia</i>	
Name of operation	Date of
What test confirmed diagnosis? <i>Clinical</i>	Was there an autopsy? <i>No</i>
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? <i>No</i>	
If so, specify (Signed) <i>Hubert H. Wells</i> M. D. <i>709</i> (Address) <i>Ligonville, Mo.</i>	

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.

MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
TENTH STREET
LANSING, MICHIGAN

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/10/39

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 C. S. Mueseler

Licensed Embalmer No. 3516

P. O. Address New Franklin 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.