

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.

REC'D MAY 22 1939

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

15823
Do not use this space.

1. PLACE OF DEATH
(a) County Pike Registration District No. 689
(b) Township 1 Primary Registration District No. 3033 Registered No. _____
(c) City Louisiana (d) Street No. 120 N. E (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Marion C Carr
(a) Residence, No. 120 North "E" Street 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Carr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/19-66

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 | 7 | 25

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation lifetime

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

FATHER 13. NAME Alexander Carr 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Penn 1

MOTHER 15. MAIDEN NAME Mahala Jane Ball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Penn

17. INFORMANT (NAME) Person Carr
(ADDRESS) 120 E Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsboro Pike Co Mo DATE 4/16 39

19. FUNERAL DIRECTOR (NAME) Go Haertig
(ADDRESS) Louisiana Mo

20. FILED 4/15 39 Go Haertig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 39

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 39, to Apr 14 39, 1939
I last saw him alive on Apr 14 39, 1939. Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Uremic Poisoning
1 1/2
Other contributory causes of importance: Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 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 J. H. Miller, M. D.
(Signed) J. H. Miller, M. D.
(Address) Louisiana Mo

Date of onset 5 days
7 years

RECEIVED

District Health Officer No. 10

District File Number 10-34-892

Date Filed MAY 3 1939

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, _____

George O. Wagner, or by _____

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

Signed

George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.