

REC'D JUN 13 1939

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

19252
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566
(b) Township Tywapcity Primary Registration District No. 5762
(c) City Charleston (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary E. Carrico
(a) Residence, No. R#2 Charleston, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11/1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 25

OCCUPATION 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. School Girl
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) Fancy Farms, Ky

FATHER 13. NAME Kelvie J. Carrico

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fancy Farms, Ky

MOTHER 15. MAIDEN NAME Katie Cissell,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fancy Farms, Ky

17. INFORMANT (ADDRESS) Kelvie J. Carrico Charleston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fancy Farms Kentucky 4/7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nunnelee Funeral Home Charleston, Missouri

20. FILED 4-8-39 F. J. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6 1939

22. I HEREBY CERTIFY, That I attended deceased from about Feb 15, 1939, to Apr 6, 1939

I last saw her alive on Apr 5, 1939 Death is said to have occurred on the date stated above, at 12:50am

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

Pyelm. Tuberculosis Glandular Tuberculosis D.K. D.K.

Other contributory causes of importance: 22

Name of operation none Date of _____
What test confirmed diagnosis Ch. lymph. 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) E. Ches. Kaling, M. D.
(Address) Charleston, W. Va.

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.

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,

John P. Hummel Jr

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John P. Hummel Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston 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.