

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

32006
Do not use this space.

1. PLACE OF DEATH **DECD OCT 12 1939**
 (a) County Caldwell Registration District No. 101
 (b) Township Mirabilis Primary Registration District No. 2149 Registered No.
 (c) City Mirabilis (d) Street No. St.
 (e) Length of residence in city or town where death occurred 18 yrs. 2 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Eva Jane Carr
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alanzo Carr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 27 - 1847
 7. AGE YEARS 92 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Mirabilis Mo. (STATE OR COUNTRY)

FATHER 13. NAME William Cross

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Robert Carr (ADDRESS) Mirabilis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mirabilis Mo. DATE 3-29-39

19. FUNERAL DIRECTOR (NAME) F. Cramer Clark (ADDRESS) Kingston Mo.

20. FILED June 12 1939 Mrs. O. S. Sloan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1931, to March 7, 1939
 I last saw her alive on March 6, 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) Date of onset 3-3-39

Other contributory causes of importance: Senility
Generalized Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? 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. Goldberg, M. D.
 (Address) Potosi, 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,

Laramer Clark

or by

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

Signed

Laramer Clark

Licensed Embalmer No. *3257*

P. O. Address *Kingston 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.