

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

Dr. Ailder  
39622  
Do not use this space.  
843

1. PLACE OF DEATH  
(a) County GREENE Registration District No. 318  
(b) Township 1 Primary Registration District No. 200  
(c) City SPRINGFIELD (d) Street No. 513 E. Monroe 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Oliva P. Carr  
(a) Residence, No. 513 E. Monroe St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Carr  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 19

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. Housewife  
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) Texas

FATHER  
13. NAME Mayfield

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT H. H. Carr  
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bassville DATE Nov 21 '99

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer  
(ADDRESS) Springfield Mo.

20. FILED 11-21 1939 Chas. A. George, M.D.  
A. Jernigan, State Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/17/39, 1939, to 11/17/39, 1939.  
I last saw him alive on 11/17/39, 1939. Death is said to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance were as follows:

Chc. Pulmonary T.B. Date of onset

Other contributory causes of importance: 72

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..... 16

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. J. Ailder M.D.

(Address) 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.....

*James Osburn*  
working under my personal supervision.

Registered Apprentice No. *227*

Signed *L. D. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.**

X