

Registration District No. 408Primary Registration District No. 3020Registrar's No. 204

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carluage
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McGune-brooks
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Charles Franklin Carns 652

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mrs Bessie Carns 6. (c) Age of husband or wife if alive 54 years7. Birth date of deceased Feb. 19th 1875
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 8 14 hr. min.9. Birthplace Jasper, MO.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name John Carns18. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name Mary Hendricks15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lucy Carns(b) Address Carluage, MO.17. (a) Burial (b) Date thereof Nov. 5th 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Waters Cemetery
near Jasper, MO.18. (a) Signature of funeral director river funeral home(b) Address Lanar, MO.19. (a) Nov. 3, 1939 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County arton
 (c) City or town Near Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1939 hour 12 minute 10 A.M.21. I hereby certify that I attended the deceased from October 24, 1939, to Nov. 3, 1939;that I last saw him insalve on Nov. 2, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration 4 daysDue to (terminal) 107ADue to conningOther conditions Acute splentis 4-5 days
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

28. Signature Chas. H. Lohel Jr. (M. D. or other) _____Address Jasper, MO. Date signed 11/3/39

RECEIVED

District Health Officer No. 6,

District File Number 6239-2599

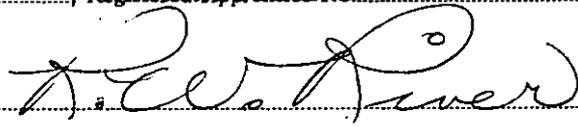
Date Filed DEC 14 1939

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, or by.....

~~REGISTERED APPRENTICE~~

working under my personal supervision.

Signed 

Licensed Embalmer No. 3141

P. O. Address L. SMAR, 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.