DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39981

Registration District No. 411 — DEC 15 1939

Primary Registration District No. 5569

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town 4 Mi. E. on 7th St. RR# 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 Miles E. On 7th Street 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----------
(Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Jasper

(c) City or town R. R. # 1, Joplin, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Mi. East on 7th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- years.

3. (a) PRINT FULL NAME Preston H. Carman 655

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 Married

6. (b) Name of husband or wife Ione

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 2, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	13	hr. min.

9. Birthplace Canton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business ----------

FATHER
12. Name John C. Carman
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hinton
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chester Carman

(b) Address Joplin Mo R.R. 1 Box 114

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-39 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 11-16-39 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1939 hour 7 minute -- A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1939 to Nov 15, 1939
that I last saw him alive on Nov 15, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy Jaws & mouth — Primary unknown

Due to [signature] N. M. D.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) No

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Brookshire (M. D. or other)

Address Joplin Mo Date signed

372 (Licensed Embalmer's Statement on Reverse Side) Brookshire

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.

X19511

RECEIVED
District Health Officer No. 6,
District File Number 1239-2469
Date Filed DEC 6 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 No. ..... working under my personal supervision.

Signed Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address .....

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.