

Registration District No. **218**

Primary Registration District No. **5298**

Registrar's No. **145**

1. PLACE OF DEATH:

(a) County **Casper**  
(b) City or town **Rural Boonville Mo**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **2**  
(d) Length of stay: In hospital or institution  
In this community **6 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bernice William Carr**  
(b) If veteran, name war  
(c) Social Security No. **440-07-7350**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **5 yr - 12 - 1896**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **3** Days **16**  
If less than one day hr. min.

9. Birthplace **north of Slater mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **optician**

11. Industry or business **1**

MOTHER FATHER  
12. Name **R. H. Carr**  
18. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
14. Maiden name **Miss J. Armstrong**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. A. M. Dickey**

(b) Address **Boonville Mo R.P. 4**

17. (a) **Removal** (b) Date thereof **Dec. 29-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **near Slater mo**

18. (a) Signature of funeral director **Jones & Dalzer**

(b) Address **Slater mo**

19. (a) **1-2-40** (b) **D. Hooper**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo.** (b) County **Saline**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **north west slater**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **43** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28** day **Dec.**  
year **1939** hour **6** minute **25 P. M.**

21. I hereby certify that I attended the deceased from **not attended**  
that I last saw h- **alive on - not seen alive**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **9 days**

Due to **Tuberculosis of the lungs** unknown.

Due to **—**

Other conditions **—**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **—**

Of autopsy **NO**

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) (e) Means of injury

28. Signature **J. C. Tincher** (M. D. or other)

Address **J. Boonville mo** Date signed **Dec 29/39**

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.

*Checked by  
B.W.*

RECEIVED  
District Health Officer No. 8,  
District File Number  
1/9/40  
Date Filed

**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 *James Salzer*  
*By Herman Salzer*  
Licensed Embalmer No. *1831*  
P. O. Address *State, N.J.*

**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.**