

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JAN 13 1940

State File No. \_\_\_\_\_

Registration District No. 754

Primary Registration District No. 5995

Registrar's No. 1421

1. PLACE OF DEATH:

(a) County Risley Washington

(b) City or town Fairdealng  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Risley

(c) City or town Fairdealng  
(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.

3. (a) PRINT FULL NAME Royal H. Carr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1939 hour 2 minute 30 A. M.

4. Sex Male 5. Color or race white

6. (b) Name of husband or wife Clara Carr 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept 2 1856  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1939 to Nov 18 1939  
and that death occurred on the date and hour stated above.

22. I last saw him alive on Nov 12 1939

8. AGE: Years 83 Months 3 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death myocardial degeneration  
hypertension  
chronic nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) 1st

11. Industry or business \_\_\_\_\_

12. Name Amos P. Carr

13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Wann

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Clara Carr

(b) Address Fairdealng, Mo.

17. (a) Burial (b) Date thereof 12-20-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairdealng

18. (a) Signature of funeral director Wiggins

(b) Address Wiggins, Mo.

19. (a) 12/19/1939 (b) Wiggins  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Wiggins (M. D. or other) \_\_\_\_\_

Address Wiggins, Mo. Date signed 12/19/39

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.

**RECEIVED**  
District Health Officer No. 8,

District File Number 14087

Date Filed 11240

Signed.....

*B. C. McCord*

Licensed Embalmer No.....

4679

P. O. Address.....

*Naylor 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.