DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6740

Registration District No. 349 (Mar)

Primary Registration District No. 3618

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 2 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton (If outside city or town limits, write "RURAL")

(d) Street No. 612 W. Grandview (If rural, give location)

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

3. (a) PRINT FULL NAME ALEXANDER CARNAGEY

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 Sarah Carnagey

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

7. Birth date of deceased Aug (Month) 5 (Day) 1861 (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name George A. Carnagey

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

MOTHER

14. Maiden name Mary Frost

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

16. (a) Informant's own signature Sarah Carnagey

(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Humansville

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 2-24-40 (Date received local registrar) (b) Dr J R Stanfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17

year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2-1, 1940, to 2-17, 1940; that I last saw him alive on 2-10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 da
Due to: Coronary sclerosis	2 yr
Due to: Chronic cystitis and enlarged prostate	6 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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 G L Walkin (M. D. or other) M D

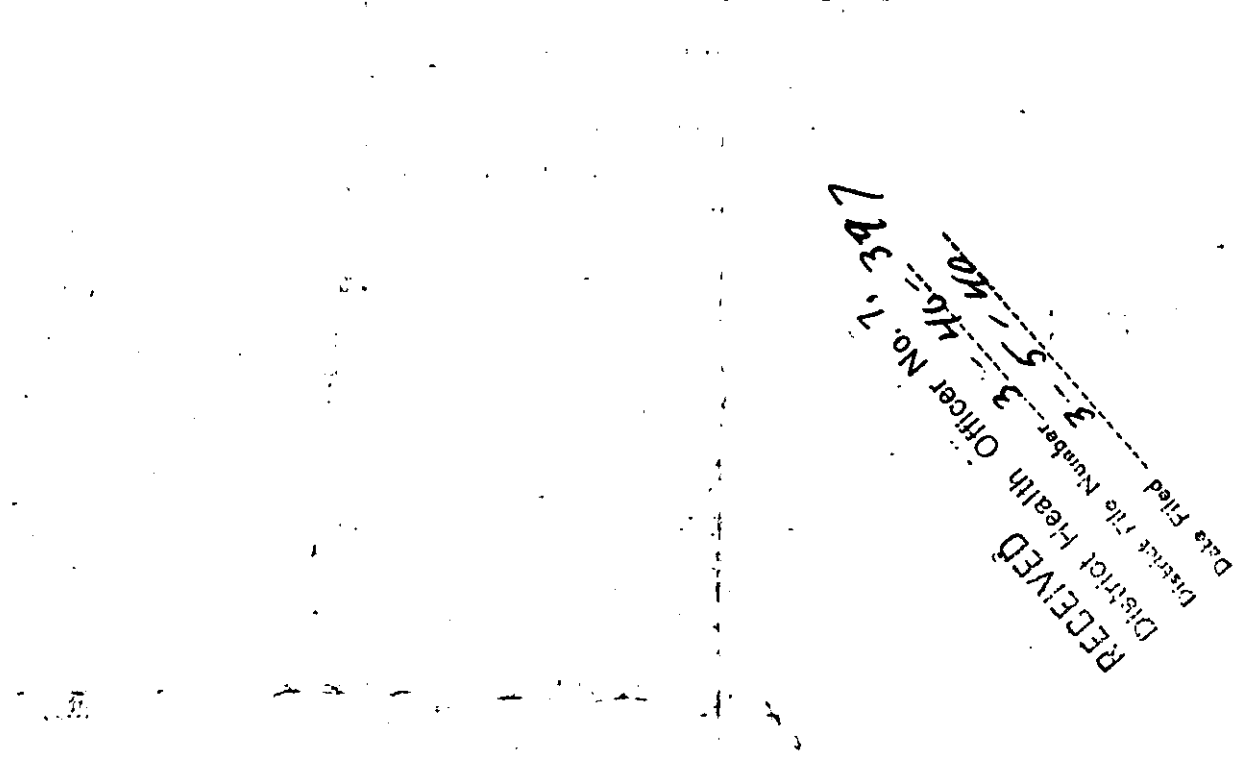
Address Clinton Mo Date signed 2-14-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19311



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 Fred W. Wilkinson

Licensed Embalmer No. 2078

P. O. Address Clinton Me

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.