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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10984

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 282

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2221 N JOHNSTON
(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) 175

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2221 N. Johnston
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES ALFRED CARDEN
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 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) 1861 (Year)

8. AGE: Years 79 Months 0 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Retired farmer (7 yr.)
11. Industry or business Farming
FATHER
12. Name Bennett Carden
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Mary E. Moss
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Jesse B. Carden
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson Cemetery
18. (a) Signature of funeral director J. W. Kingsley & Co.
(b) Address Springfield Mo.
19. (a) 3/20/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1940 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan. '37, 19 , to Mar 18, 1940.
that I last saw him alive on Mar. 18, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure — Decompensatory Heart Disease.	
Due to Cardio. Vascular — Renal Disease.	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

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 Ronald F. Ellins (M. D. or other) 1
Address Springfield Mo Date signed 3-18-40.

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Rhodes

Licensed Embalmer No. 4021

P. O. Address Spring Field

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.