

Registration District No. 906

Primary Registration District No. 206 6224

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Might

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

(c) Name of hospital or institution:  
at Home M.W.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County Might

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

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

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

3. (a) PRINT FULL NAME <sup>526</sup> Arthur Albert Cariger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Cariger

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

7. Birth date of deceased July 23 - 1907  
(Month) (Day) (Year)

20. DATE OF DEATH: Month March day 7  
year 1940 hour 3:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 10, 1939 to March 7, 1940  
that I last saw him alive on March 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary tuberculosis  
tuberculosis of intestines

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 33 Months \_\_\_\_\_ Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hesperia Oregon  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Geoffrey Cariger

13. Birthplace Mo. Tenn. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Boatman

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

16. (a) Informant's own signature Ida Cariger

(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof Mar. 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Creek Cem.

18. (a) Signature of funeral director Gene E. Walden

(b) Address \_\_\_\_\_

19. (a) Mar. 30 (b) Ella Claster  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

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

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 H. C. Forthofer  
Address Hartsville Mo. Date signed 3-24-40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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.

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**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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.**