

FILED JUL 1 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21155

Do not use this space.

1. PLACE OF DEATH

(a) County Denton Registration District No. 64
(b) Township Friston Primary Registration District No. 5700
(c) City Friston or Mo. Rt. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 11

2. PRINT FULL NAME

(a) Residence, No. 607 MELISSA CARLON St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Carlon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.13. NAME Holland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Pete Carlon
Friston, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Cem. DATE May 12, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) C. M. Delub
Wassaw, Mo.20. FILED May 13, 1940 M. C. Watson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 194022. I HEREBY CERTIFY, That I attended deceased from Stranger, 19____, to _____, 19____.I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditisapparently2Other contributory causes of importance: 910Name of operation None Date of _____
What test confirmed diagnosis clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) P. J. Decker M. D.
Cole Camp, Mo. (Address)

RECEIVED
District Health Officer No. 7,
District File Number 6-40-912
Date Filed 6-20-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.