

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 832

1. PLACE OF DEATH:  
(a) County Buchanan,  
(b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2902 Seneca Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Carson, 625  
(b) If veteran, name war None, (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Thomas J. Carson, 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased February 13, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 18 hr. min.

9. Birthplace Platte County, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

12. Name Howard Story,

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

14. Maiden name Rachel Bowles,

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

16. (a) Informant Hilden Mary,

(b) Address 2502 Ashland Avenue,

17. (a) Burial (b) Date thereof 8/1/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Beulah Bowman Funeral

(b) Address 319 S. 10th Street, Home

19. (a) Aug 1, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Buchanan  
(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2902 Seneca  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.  
year 1940 hour 12:00 minute 40 a.m.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 31, 1940  
that I last saw her alive on July 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronch Duration 8 days

Due to 107W

Due to

Other conditions suspected but didn't prove  
(Include pregnancy within 3 months of death)  
malig. of lung, bowel or pancreas

Major findings: Of operations

Of autopsy no 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?  
85

(Specify type of place) While at work? (e) Means of injury

23. Signature Dr. P. P. [Signature] (M. D. or other) [Signature]

Address St. Joseph, Mo Date signed 7-31-40

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

MOTHER FATHER

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 July 31

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed John E. Summers

Licensed Embalmer No. 2007

P.O. Address 719 So. St. Joseph

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, fact should be so stated above.