

AUG 14 1940 109
Registration District No. _____

Primary Registration District No. 5-15-8

Registrar's No. 994

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Cedar township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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

3. (a) PRINT FULL NAME Betty King Carson 625

3. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife W. E. Carson 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Feb. 27 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 4 If less than one day hr. min.

9. Birthplace New Bloomfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name William King

13. Birthplace New Bloomfield Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Ann Hubbard

15. Birthplace New Bloomfield Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William King

(b) Address New Bloomfield, Mo.

17. (a) Burial (b) Date thereof Aug 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellfonte Baptist Church

18. (a) Signature of funeral director Geo. H. Wallace

(b) Address Fulton, Mo. 108

19. (a) Aug 1 - 1940 (b) Emery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1940 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from July 29 1940 to Aug 1 1940
that I last saw her alive on July 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Global Pneumonia 5 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy lv

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? _____

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

23. Signature Emery (M. D. or other) !
Address New Bloomfield, Mo. Date signed Aug 1 1940

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

James A. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Fulton, 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, fact should be so stated above.