

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35388

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 855

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: Burge Hosp.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Broken Arrow
(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.

3. (a) PRINT FULL NAME Mrs. Rebecca Carner

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Walter N. Carner 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Oct. (Month) 1 (Day) 1881 (Year)

8. AGE: Years 59 Months 0 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 9

12. Name Henry Bench 9

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

14. Maiden name Unknown

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

16. (a) Informant Hanshel E. Carner

(b) Address Drumwright, Okla

17. (a) Removal (b) Date thereof Oct. 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Broken Arrow, Okla

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-16-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16
year 1940 hour 12 minute 10 a. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her alive on Oct 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest with puncture and collapse 2 days

Due to left lung

Due to _____

Other conditions Fracture both tibia and fibula
(Include pregnancy within 3 months of death)

22. If death was due to external causes, fill in the following:
Major findings: Of operations 7/10

Of autopsy 25

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 13, 1940

(c) Where did injury occur? Lawrence County Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66

While at work? No (Specify type of place all hand on tillars)
(e) Means motor vehicle

Signature A. M. White (M. D. or other)

Address Lawrence Greene County Date signed 10-15-40

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

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 HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.