No. 2
1-10-39
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36210

FILED NOV 25 1940

Registration District No. 750 Primary Registration District No. 5991 Registrar's No. 1701

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

1. PLACE OF DEATH:

(a) County Ripley

(b) ~~City or town~~ Rural Harris
(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 ~~Life~~ 2 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

(c) City or town Rural Harris
(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 Viola Mae CARMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race W.

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

6. (b) Name of husband or wife Garnet Carman

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Sept. (Month) 4 (Day), 1917 (Year)

8. AGE: Years 23 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Allen
13. Birthplace Ripley Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Dallie Gordon
15. Birthplace Clay Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Garnet Carman

(b) Address Donaphan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 40 (Month) (Day) (Year)

(c) Place: burial or cremation Poyse's Chapel

18. (a) Signature of funeral director Minnie Fish

(b) Address Naylor Mo.

19. (a) Oct. 13 40 (Date received local registrar) E. B. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1940 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from Oct 1-1940 Oct 12 1940 to 19 ; that I last saw her alive on Oct 11 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Lobar Pneumonia	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clifford Gofort (M. D. or other)

Address Donaphan Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 10 96 16 76
Date Filed

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 Lyman A. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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