

NOV 20 1948
STANDARD CERTIFICATE OF DEATH

State File No. **39077**

Registration District No. **1054**

Primary Registration District No. **5631**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Lawrence**
 (b) City or town **Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Highway 66 Near Plew Mo.
 (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**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Tulsa**
 (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 **Walter N Carner**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rebecca Carner** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **July 8 1871**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **?** **Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Newton Carner**
 13. Birthplace **?** **Ky.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Not known**
 15. Birthplace **Not known**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Glenna Johnson**
 (b) Address **Tulsa Okla**

17. (a) **Removal** (b) Date thereof **10/15/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Broken Arrow Okla**

18. (a) Signature of funeral director **F. F. King**
 (b) Address **Aurora Mo.**

19. (a) **Oct 15 48** (b) **Cella Wilson**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **13**
 year **1940** hour **11** minute **30A.** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on **after death** and that death occurred on the date and hour stated above.

Immediate cause of death **Frontal Fracture of Skull**
 Due to **Car wreck**
 Due to **(Driver of car)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 - 1948**
 (c) Where did injury occur? **Lawrence Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
 While at work? **no.** (Specify type of place) (e) Means of injury **Car wreck**
 23. Signature **Herman Durridge** (M. D. or other) **5**
 Address **Aurora Mo.** Date signed **10/13/40**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

210 m
A S

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.....

Herman Scuridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39077

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 1054

Primary Registration District No. 3631

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Red Oak Twp
(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.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter N. Carner

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 5 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ after death _____ and that death occurred on the date and hour stated above _____

Immediate cause of death fracture of skull

Due to Car wreck

Driver of car JD

Other conditions (Include pregnancy within 3 months of death)

Collision with another auto

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence Oct 13 - 1940

(c) Where did injury occur? Lawrence Co Mo

(City or town) (County) (State)

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

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

HOWARD MOORE

S-39077 1940