

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42083

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 139
(b) Township Stokesmond Primary Registration District No. 4079 Registered No. 8
(c) City Tina (d) Street No. 2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Fredrick Carlson

(a) Residence, No. Tina, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Catherine Carlson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 7 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County Mo.13. NAME Charles Carlson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margret16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. C.F. Carlson
Tina, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Branch DATE Jan. 1 194119. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W. Austin
Tina, Mo. 13920. FILED Jan 31 1941 Mrs. R. A. Henderson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 194022. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1940 to Dec 30 1940

I last saw him alive on Dec 30 1940 Death is said to have occurred on the date stated above, at 5:22 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Prostate slowly fatalOther contributory causes of importance: 51

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Dr. Edward R. Smith M.D.(Address) Tina, Mo. 3

RECEIVED
District Health Officer No. 8,
District File Number 1-3-47
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.....

Clifford W. Austin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. *2233*

P. O. Address..... *Tuna Mission*

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

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