FILED MAR 11 1941

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

6313
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1001 — Registered No. 11 188
(b) Township
(c) City St. Joseph — (d) Street No. St. Joseph-Men's-Bureau-1108 N. 2nd 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles-Carriger 7
(a) Residence, No. 505½ N. 2nd. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed I
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-5-1886
7. AGE: YEARS 54 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Common-Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: Janitor-Grocery-Store
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): Savannah-Missouri O

FATHER
13. NAME: William-Carriger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri O

MOTHER
15. MAIDEN NAME: Ellen-Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hackberry-Ridge Missouri O

17. INFORMANT (ADDRESS): Mrs. Minnie-Berry 913½-N-4th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: City-Cem. DATE: 2-17-41, 19
19. FUNERAL DIRECTOR (ADDRESS): Graves-Fun-Home 806-S. 17th St.
20. FILED: 2/15/41, 19 H J Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-13-41, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1941, to Feb 13, 1941
I last saw him alive on Feb 13, 1941. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Tongue with metastasis to Throat & neck Dont know	
Other contributory causes of importance: Starvation 45 b	6 weeks

Name of operation ✓ Date of
What test confirmed diagnosis Biopsy Was there an autopsy? No

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
Charles H Werner, M. D.
85 (Address) 221 Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JUL 18 19

STATEMENT BY LICENSED EMBALMER

I, A. V. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed A. V. Moore

Licensed Embalmer No. 948

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.)