

Registration District No. **11 1049**

Primary Registration District No. **3008**

Registrar's No. **62**

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

1. PLACE OF DEATH:

(a) County **CALLOWAY**
(b) City or town **FULTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **STATE HOSPITAL NO. #12**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **by 3m 8 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **EDNA CARR**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased **FEB 16 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **0** Days **12** If less than one day hr. min.

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

10. Usual occupation **HOUSE KEEPER**

11. Industry or business

12. Name **GEORGE W. CARR**

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

14. Maiden name **ANN BRUMIT**

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

16. (a) Informant **HOSPITAL RECORDS**

(b) Address **Personal**

17. (a) **State Hosp. #1** (b) Date thereof **Feb 2-1941**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State Hosp**

18. (a) Signature of funeral director **Jones v. Dalzer**

(b) Address **Slater mo.**

19. (a) **Feb 25-41** (b) **R. N. Cresve**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **SALINE MO**
(c) City or town **SLATER** 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **28**
year **1941** hour **2** minute **00** A. M.

21. I hereby certify that I attended the deceased from **FEB 28**, 1941, to **FEB 28**, 1941; that I last saw **HER** alive on **FEB 27**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage (apoplexy)** Duration less than 24 hrs.

Due to **Generalized arteriosclerosis**

Due to

Other conditions **g20**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **none**

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?

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

23. Signature **P. S. Tate** (M. D. or other) **1**
Address **State Hosp. #1 Fulton Mo** Date signed **2-28-41**

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 Salzer

Licensed Embalmer No. 1831

P. O. Address Slater mo.

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.)

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