S. No. 2
M—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 10755

Registrar's No. 242

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rural Seymour
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Seymour Mo~~ R.F.D. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joe Lee Carrick
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January (Month) 27 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	1	25	hr. min.

9. Birthplace Seymour (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business
FATHER
12. Name James S. Carrick Jr.
13. Birthplace Seymour (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Margrett E. Ellis
15. Birthplace Seymour (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Ralph Carrick
(b) Address Seymour Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Day Cemetery
18. (a) Signature of funeral director McMahan & Watson
(b) Address Seymour Mo.
19. (a) 3-24-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1941 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from Mar. 22 1941, 19..., to Mar. 22, 1941, that I last saw him alive on Mar. 22 1941, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Diabetes Mellitus

~~Due to~~ Infected teeth

Other conditions (Include pregnancy within 3 months of death)

61

Major findings:
Of operations
Of autopsy

Duration

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 William L. Stetzel (M. D. or other)
Address Springfield Mo. Date signed 3/24/41

#5

(Licensed Embalmer's Statement on Reverse Side)

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. F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address. Mansfield 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. X