

1. PLACE OF DEATH: Chariton
 (a) County Brunswick
 (b) City or town Brunswick
 (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 _____ (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME Louisa J. Carson
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wm. Carson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 30 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housework

MOTHER FATHER { 12. Name Charles Hecke
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann E. Lambert
 15. Birthplace Dont Know
 (City, town, or county) (State or foreign country)

16. (a) Informant A. E. Carson
 (b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 4-18-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. W. Heisel
 (b) Address Brunswick, Mo.

19. (a) 4/17/1941 (b) Harry E. Tatum
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Chariton
 (c) City or town Brunswick
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1941 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 1, 1941 to April 17, 1941; that I last saw her alive on April 16, 1941; and that death occurred on the date and hour stated above.
 Immediate cause of death Uraemic Coma

Duration 4 days

Due to Chronic interstitial nephritis 3 1/2 Years

Due to General arteriosclerosis

Other conditions General arteriosclerosis
 (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

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

(f) Means of injury _____

23. Signature Harry E. Tatum (M. D. or another) _____

Address Brunswick Mo Date signed 4/19

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-13-41

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 L. Weisel

Licensed Embalmer No. 823

P. O. Address Brunswick Ms

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, above space should be left blank.