

S. No. 2  
1-4-13-40  
V. 5-17-39  
I X23189

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

14528

Registration District No. 318 Primary Registration District No. 2001 State File No. \_\_\_\_\_ Registrar's No. 297

39  
2  
6  
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:  
930 W. Monroe  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ / \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 930 W. Monroe  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Shirley Carson  
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 8th,  
year 1941 hour 9 minute \_\_\_\_\_ A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife May G. Carson 6. (c) Age of husband or wife if  
alive Unknown years  
7. Birth date of deceased: September 16, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
2-14-1940 to 4-8-1941;  
that I last saw him alive on 4-8-1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 75 6 22 hr. \_\_\_\_\_ min.

Immediate cause of death  
Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)  
Duration  
Physician  
Underline the cause to which death should be charged statistically.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Mill Worker

11. Industry or business In Shop  
12. Name John L. Carson  
13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Weaver  
15. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Shirley Carson  
(b) Address Springfield, Missouri  
17. (a) Burial (b) Date thereof 4/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Cemetery

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri  
19. (a) 4-9-41 (b) W. E. Houldred, M.D.  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
Signature W. E. Houldred (M. D. or other) 1  
Address Springfield, Mo Date signed 4-9-41

**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 *Wayne Lambell*

Licensed Embalmer No. *5444*

P. O. Address *Springfield, 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.**