FILED JUL 9 1941

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21314

Registration District No. 275 Primary Registration District No. 5170B Registrar's No.

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

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Stoutland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden 15
(c) City or town Stoutland
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lou Sarah Carlton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widow 2
6. (b) Name of husband or wife J. M. Carlton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 29 (Day) 1854 (Year)

8. AGE: Years 87 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation at home
11. Industry or business none
FATHER
12. Name Nathan Kennett
13. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)
MOTHER
14. Maiden name Patsy Winfree
15. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Alice Carlton
(b) Address Stoutland Mo
17. (a) Stoutland Cem (Burial, cremation, or removal) (b) Date thereof June 21 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Stoutland Cem
18. (a) Signature of funeral director Virgil Evans
(b) Address Stoutland
19. (a) July 2 1941 (Date received local registrar) (b) Mrs Mae Pool Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1941 hour 5 minute P M.
21. I hereby certify that I attended the deceased from June 16, 1939, to June 20, 1941, that I last saw her alive on June 20, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stomach ulcers probably carcinoma	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 b

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 R. E. Carlton (M. D. or others) (D)
Address Stoutland Date signed 6-30 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-41-1129
Date Filed 7-8-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.