

No. 2
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DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25722

Registration District No. 609

Primary Registration District No. 4362

Registrar's No. 82

1. PLACE OF DEATH: NEWTON
(a) County
(b) City or town NEOSHO
(c) Name of hospital or institution SALE WOMAN HOSPITAL
(d) Length of stay: In hospital or institution 12 DAYS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County NEWTON
(c) City or town NEOSHO
(d) Street No. 813 LINCOLN
(e) If foreign born, how long in U. S. A? 0 years

3. (a) PRINT FULL NAME CLARA MAUDE CARNES

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female / race White
5. Color or race
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard Carnes
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased MICH 28 1894

8. AGE: Years 47 Months 3 Days 18
If less than one day hr. min.

9. Birthplace CARTHAGE MISSOURI

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name R.H. ELLIOTT
13. Birthplace MISSOURI
14. Maiden name WINONA BAKER
15. Birthplace INDIANA

16. (a) Informant L. C. ...
(b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof 7-18-41
(c) Place: burial or cremation 2807 Cemetery

18. (a) Signature of funeral director
(b) Address NEOSHO MO

19. (a) 7-26-41 (b) ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 5 minute P M.
21. I hereby certify that I attended the deceased from July 4 to July 16 1941 that I last saw her alive on July 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Interstitial nephritis
Due to endocarditis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations None
Of autopsy None

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?
(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 ... (M. D. or other) ...
Address Neosho, Mo. Date signed 7-26

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 84131374

Date Filed AUG 12 1941

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed.....

J. B. Bingham

Licensed Embalmer No. 2689

P. O. Address Wesley 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.