

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
Bureau of Vital Statistics

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27881

FILLED AUG 28 1941

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 319

1. PLACE OF DEATH:

(a) County... BUTLER

(b) City or town... POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
POPLAR BLUFF HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NINE DAYS
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... WAYNE III

(c) City or town... MILLS PRING
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ / (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN WILLIAM CARNAHAN

3. (b) If veteran, name war... ✓

3. (c) Social Security No. _____ ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 12
year 1941 hour 9 minute 45 AM

21. I hereby certify that I attended the deceased from Sept 1937 to Aug 12 1941
that I last saw him alive on Aug 12 1941
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SOPHRONA CARNAHAN 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MAR 11 1869
(Month) (Day) (Year)

Immediate cause of death: Broncho pneumonia Duration 3 days

Due to Myocardial insufficiency 4 yrs.

Due to Arteriosclerosis ?

Other conditions: 107

8. AGE: Years Months Days If less than one day

72 5 1 hr. min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace RUSHTOWER Mo MO
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business General Store

12. Name John Carnahan

13. Birthplace Tenn Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Hendrick

15. Birthplace Tenn Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Sophrona Carnahan

(b) Address Millspring

17. (a) Burial (b) Date thereof Aug 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Home Paducah

18. (a) Signature of funeral director Norman W. Cook

(b) Address Paducah Mo

19. (a) 8-16-41 (b) Belle Kevne
(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) (Means of injury)

23. Signature J. P. Meier (M. D. or other) _____
Address Poplar Bluff Mo Date signed 8/12/41

92 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 841-1154

Date Filed 8-26-41

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Didnot 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.