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5-17-39
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FILED OCT 16 1941

State File No.

Registrar's No. 10

Registration District No. 1149

Primary Registration District No. 5698

1. PLACE OF DEATH

(a) County McDonald
(b) City or town Pineville
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald
(c) City or town CO
(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.? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
year 1941 hour 2:50 minute P M.
21. I hereby certify that I attended the deceased from 1938
 , 19 , to Aug 21, 1941;
that I last saw him alive on Aug 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Stroke, fixed infarction

Due to Stroke
Due to 430
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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

23. Signature W. H. Norton (M. D. or other)
Address Pineville Date signed 8-21-41

3. (a) PRINT FULL NAME PETER LEONARD CARNELL

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

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

6. (b) Name of husband or wife HETTIE CARNELL (c) Age of husband or wife if alive 16 years

7. Birth date of deceased: (Month) 2 (Day) 16 (Year) 1867

8. AGE: Years 74 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business

12. Name JOHN CARNELL

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) BURIAL (b) Date thereof 8 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PINEVILLE

18. (a) Signature of funeral director CORLEY THOMPSON

(b) Address NEOSHO MO

19. (a) 8-15-41 (b) Lee O Carnell
(Date of local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6;

District File Number 1241-1617

Date Filed OCT 14 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.....

....., 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3 1962

Registration District No. 1149

Primary Registration District No. 5698

Registrar's No. _____

1. PLACE OF DEATH: McDonald
 (a) County McDonald
 (b) City or town Pineville
(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 Peter L. Carnell
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 2, 16, 1862
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 10
(If less than one day) hr. _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name Jane Woodal

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

16. (a) Informant mpk Carnell
 (b) Address Pineville Mo

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8-22-41 (b) Lee A Carnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

MOTHER FATHER

1941

S-31962