

DEC 18 1941

Registration District No. 496

Primary Registration District No. John S. [unclear]

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural Brookfield Township
(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 years, months or days)

In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Linn 58

(c) City or town Rural
(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. 0 years.

3. (a) PRINT FULL NAME WILLIAM HENRY CAREY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Nov day 30 year 1941 hour 8 minute 15 A.M.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec - 17 - 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/14, 1941, to 11-30, 1941; that I last saw him alive on 11-30, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 13 If less than one day _____ hr _____ min.

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

10. Usual occupation Farmer

Immediate cause of death Coronary Atherosclerosis

Due to Long stenosis & atherosclerosis

Due to Cholesterol

Other conditions 0
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Wm Carey

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

14. Maiden name Ellen Sheeran

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

Major findings: 94a

Of operations 0

Of autopsy 0

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Wm Carey

(b) Address Route #2 Brookfield

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec-2-1941
(Month) (Day) (Year)

(c) Place: burial or cremation St Michael

18. (a) Signature of funeral director Bill Funeral Chapel

(b) Address Brookfield Missouri

19. (a) 12-1-1941
(Date received local registrar)

(b) W. H. Cowan
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)

(e) Means of injury 0

23. Signature [unclear] (M. D. or other) _____

Address Brookfield Mo Date signed 12/1/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

J. W. Blacklock....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. W. Blacklock*.....

Licensed Embalmer No. *2246*.....

P. O. Address *Brookfield 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, above space should be left blank.