V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

Registration District No. 566

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3030

42519

State File No.

Registrar's No. 127

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

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: CHARLESTON Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: TOM BROWN STREET /

(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 ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi

(c) City or town: CHARLESTON, /

(If outside city or town limits write "RURAL")

(d) Street No.: TOM BROWN St. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: GLADYS MARIE CARSON

3. (b) If veteran, name war: ✓ ✓

3. (c) Social Security No.: ✓

4. Sex: FEMALE

5. Color or race: White

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

6. (b) Name of husband or wife: JOE CARSON

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: Oct. (Month) 21st (Day) 1916 (Year)

8. AGE: Years 25 | Months 1 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: BLOOMFIELD (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business: AT HOME

MOTHER FATHER

12. Name: H. C. TRIPLETT

13. Birthplace: ✓ (City, town, or county) Missouri (State or foreign country)

14. Maiden name: EFFIE DUNCAN

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

16. (a) Informant: JOE CARSON

(b) Address: CHARLESTON, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation: TRIPLETT CEMETERY, ESSEX, Mo

18. (a) Signature of funeral director: John F. Nunnelee Jr

(b) Address: Charleston, Missouri

19. (a) 12-15-41 (Date received local registrar) (b) J. D. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 7th year 1941 hour 11: minute 30 p. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1941, to Dec. 9, 1941, that I last saw her alive on Nov. 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Teratoma of the mediastinum	1 yr.
Due to	
Due to 49a	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

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: William L. Dawes (M. D. or other) MD

Address: Charleston, Mo Date signed 12-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-88
Date Filed 1-16-42

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 John P. Nunnelee Jr

Licensed Embalmer No. 385

P. O. Address Charleston 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.