

No. 2  
4-13-40  
5-17-39  
PI X23195

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 1291

1. PLACE OF DEATH:

(a) County Newtop

(b) City or town Newtop (Mo)

(c) Name of hospital or institution: Sale - Baughman  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 28 years 3 months 25 days

3. (a) PRINT FULL NAME ELMER CLARK CARNES

3. (b) If veteran, name war None

3. (c) Social Security No. 334-16-7515

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Pauline Carnes

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: August 10 1903  
(Month) (Day) (Year)

8. AGE:	Years <u>38</u>	Months <u>3</u>	Days <u>25</u>	If less than one day _____hr. _____min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Willie H. Carnes

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

14. Maiden name Alma Coffey

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

16. (a) Informant Pauline Carnes

(b) Address Hinshaw Ave. R4

17. (a) Burial (b) Date thereof Dec. 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wm. Maury Tague

18. (a) Signature of funeral director Wheaton, Mo

(b) Address \_\_\_\_\_

19. (a) 12-9-41 (b) Wheaton, Mo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. None  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 5 1941  
7:30 A.M. 1941 to Dec 5 1941  
that I last saw him alive on Dec 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured spinal with  
intracranial pressure due  
Due to to hemorrhage following  
assault on chest on  
Due to highway # 88 about 3 miles  
from Jame Mo

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None 100%

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

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

(e) Accident, suicide, or homicide (specify) Accident - 10

(b) Date of occurrence Dec 5 1941

(c) Where did injury occur? Jame McDonald Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway # 88  
(Specify type of place)

While at work? No (e) Means of injury Auto accident

23. Signature Wheaton (M. D. or other) \_\_\_\_\_  
Address Wheaton, Mo Date signed 12-7

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

3  
3  
2

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RECEIVED

District Health Officer No. 6,

District File Number 142-119

Date Filed JAN 13 1942

**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 Wm Morris Pope

Licensed Embalmer No. 3443

P. O. Address Wheaton 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.**