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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No. 3926

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4233

State File No. 6821

Registrar's No.

48
0
0

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

1. PLACE OF DEATH: Jackson
(a) County Buckner Tun
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 0
(c) City or town Buckner 0
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME Ernest A. Carr

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida Botts Carr

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 17 (Day) 1863 (Year)

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Bellfontaine Ohio / (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

FATHER
12. Name Tillman Carr /
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carolin — Carr /
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Carr
(b) Address Buckner Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Hill Cemetery

18. (a) Signature of funeral director V. M. Reppert
(b) Address Buckner Mo.

19. (a) 2/24-1942 (Date received local registrar) (b) V. M. Reppert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 22nd year 1942 hour 8:00 minute AM M.

21. I hereby certify that I attended the deceased from Febr-21 Feb 21, 1942, to Febr 22, 1942; that I last saw him alive on Feb 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cinnary Thrombosis

Due to Few hours

Due to 940

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature John W Robertson (M. D. or other)
Address Buckner, Mo. Date signed 2-28-42

1161

(Licensed Embalmer's Statement on Reverse Side)

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 W. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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.