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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7183

Registration District No. 308

Primary Registration District No. 5674

Registrar's No. 20

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

1. PLACE OF DEATH: Lionsglen
 (a) County: Lionsglen
 (b) City or town: Trenton Rural-Cream Ridge
 (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: Life time years, months or days

3. (a) PRINT FULLNAME: DOROLD EUGENE CARR

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

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: divorced

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

7. Birth date of deceased: November 8 1926
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>3</u>	<u>6</u>	<u>1</u> hr. _____ min.

9. Birthplace: Farmerville mo (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name: Ernest Clifford Carr
 13. Birthplace: Norman Okla (City, town, or county) (State or foreign country)
 14. Maiden name: Beatrice Irene Carr
 15. Birthplace: Hickory creek mo (City, town, or county) (State or foreign country)

16. (a) Informant: Ernest Carr
(b) Address: a senior R 3

17. (a) Burial (b) Date thereof: Feb. 16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Stucker cemetery

18. (a) Signature of funeral director: E. J. Robertson

(b) Address: Farmerville mo

19. (a) Feb-16-1942 (b) Loe ELLA CO-24
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Lionsglen
 (c) City or town: Farmerville
 (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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 14 year: 1942 hour: 4 minute: 30 M.

21. I hereby certify that I attended the deceased from 7 a.m. 19____, to 7 a.m. 19____; that I last saw him alive on 7 a.m. 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: stroke with 38 revalent right chest

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death): 184 17

Major findings: Of operations: None Of autopsy: None

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

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: 2-14-1942

(c) Where did injury occur?: Farmerville Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Neighbors house (Specify type of place) While at work: _____ (e) Means of injury: _____

23. Signature: Rebecca J. ... (M. D. or other) Address: Hilliertho Date signed: 2-16-1942

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

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 *E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Fairfax, Va.*

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.