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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 651

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Phipps

State File No. 7435

Primary Registration District No. 4388

Registrar's No. 15

8
1
2

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville, 1
(If outside city or town limits, write "RURAL")

(d) Street No. X 2
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X 0

3. (a) PRINT FULL NAME Sid Carson

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Francis Carson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 23 (Day) 1869 (Year)

8. AGE: Years 72 | Months 9 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Palmerville, (City, town, or county) / Tenn. (State or foreign country)

10. Usual occupation Grocer Business

11. Industry or business X

FATHER
12. Name Albert C. Carson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Gean
15. Birthplace Unknown (City, town, or county) / Tenn. (State or foreign country)

16. (a) Informant Mrs. Lillie Acons
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) 2-13-1942 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th, year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from January 23, 1942, to February 8, 1942 that I last saw him alive on February 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a
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 0

23. Signature G. W. Phipps (M. D. or other)
Address Carutehrsville, Mo. Date signed 2/13/42

12 00

(Licensed Embalmer's Statement on Reverse Side)

3-42-14

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 James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.