V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11518

FILED APR 22 1942

Registration District No. 63 Primary Registration District No. 4383 Registrar's No.

1. PLACE OF DEATH:
(a) County Osage Benton Township
(b) ~~City or town~~ Rural
(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 years, months or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Rural
(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.? 50 years.

3. (a) PRINT FULL NAME John H. C. Carsten
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 26 (Day) 1855 (Year)

8. AGE: Years 86 Months 6 Days 5 If less than one day 4 hr. 15 min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
12. Name Frans H. Carsten (Father)
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Margretha E. Harmen (Mother)
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant John O. Carsten
(b) Address Chamois Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 - 1942 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Deer Cemetery
18. (a) Signature of funeral director Otto T. Stockstick
(b) Address Chamois Mo.
19. (a) Mar. 3 1942 (Date received local registrar) (b) Esther Bowden (A.R.S.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1942 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Jan 1 1937, 19..., to March 1, 1942, 19..., that I last saw him alive on March 1, 1942, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Apoplexy	
(2) Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
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 W. U. McKnelly (M. D. or other)
Address Date signed

S 10 (Licensed Embalmer's Statement on Reverse Side)

APR 24 19..

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Otto T. Starbuck

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.