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

14327

State File No.

FILED MAY 8 1942

Registration District No.

Primary Registration District No. 2001

Registrar's No. 340

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 86I Concord /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

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

(d) Street No. 86I Concord
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Alma C arlson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F M

5. Color or race W

6. (a) Single, widowed, married, divorced M arried

6. (b) Name of husband or wife Alfred. Carlson

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March (Month) I7 (Day) I873 (Year)

8. AGE: Years 69 Months I Days I2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name C arl Fried
13. Birthplace Unknown (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Edith Carlson
(b) Address 86I Concord City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29. 42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Dunn. Funeral home
(b) Address Springfield Mo

19. (a) 4-29-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 29 th year 1942 hour 8.pm minute M.

21. I hereby certify that I attended the deceased from 11, 1941 to 4-29, 1942 that I last saw her alive on 4-28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Melitis — Duration 1½ yrs

Due to

Due to

Other conditions Fracture 2 Rib 4/28-42
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a
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) no Accident
(b) Date of occurrence 4-18-42 133
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury Fell

23. Signature W. T. Walsh (M. D. or other)
Address Springfield Mo Date signed 4/30/42

987

(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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield 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.