S. No. 2
M—1-4-41
v. 5-17-39
1 X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Vail 17957
State File No.

Primary Registration District No. 2001

Registrar's No. 363

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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: Burge Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: 74 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: Sterling Hotel
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

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3. (a) PRINT FULL NAME: Harry L. Carson
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lula Carson
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Unknown (Month) Unknown (Day) (Year)
8. AGE: Years: Approx 74 Months: Unknown Days: If less than one day: hr. min.
9. Birthplace: Springfield (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Painter Frisco R.R.
FATHER 12. Name: Henry Carson
FATHER 13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Martha Robard
MOTHER 15. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Clark Carson
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 5-9-42 (Date received local registrar) (b) F. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour 5 minute 30 p. m.
21. I hereby certify that I attended the deceased from May 5 1942 to May 7 1942 that I last saw him alive on May 7 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poisoning - Self Induced Paris Green	72 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 163A	
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): Suicide
(b) Date of occurrence: Took Paris Green 5-5-42
(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? Residence - Sterling Hotel (Specify type of place) O
While at work? No (e) Means of injury: Took Poison
23. Signature: C. D. Vail (M. D. or other) MD
Address: Springfield Mo Date signed: 5/9/42

(Licensed Embalmer's Statement on Reverse Side)

984

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 L Doolin Gorman

Licensed Embalmer No. 3177

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.