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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1942

Registration District No. 449

Primary Registration District No. 2001-5233

Registrar's No. 9-39

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

1. PLACE OF DEATH:
 (a) County BREWER
 (b) City or town Springfield
 (c) Name of hospital or institution Ridge Hospital R 751
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hr.
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Richard Carr
 (b) If veteran, name war no
 (c) Social Security No. no

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Infant
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 21 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Stotts City _____
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business none

MOTHER FATHER
 12. Name Phaneta F. Carr
 13. Birthplace Gasport Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Married Morris
 15. Birthplace Ringold Co. Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Phaneta Carr (father)
 (b) Address Stotts City, Mo.

17. (a) burial (b) Date thereof June 23, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastern Cemetery

18. (a) Signature of funeral director Max L. Fossett
 (b) Address Sarasota, Mo.

19. (a) July 2-1942 (b) Wendy Crum
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jasper
 (c) City or town _____
 (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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1942 hour 6 minute PM

21. I hereby certify that I attended the deceased from 6-2-42
 _____, 19____, to 6-22-42, 19____;
 that I last saw him alive on 6-22-42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (7 1/2 mo.)

Due to _____

Due to _____

Other conditions 159
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Peneth Glover (M. D. or other) _____

Address St. Vernon, Mo. Date signed 6/24/42

RECEIVED

District Health Officer No. 6,

District File Number 742-983

Date Filed JUL 15 1942

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..... *Mrs H. D. Fassett*

Licensed Embalmer No..... *2720*

P. O. Address..... *Mt. Vernon, Vt.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21616

Registration District No. 469

Primary Registration District No. 5633

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence

(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 years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Rural, State City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. State City
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard Carr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased June 2, 1942
(Month) (Day) (Year)

Immediate cause of death _____

Duration _____

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) June 22 (b) Rudy Crawford
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

