

FILED SEP 11 1942

Registration District No. 9

Primary Registration District No. 56-33 56 53

Registrar's No. EE 65-

55
0
0

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

1. PLACE OF DEATH:

(a) County Laura
(b) City or town My Vernon Mo
(c) Name of hospital or institution: Missouri State Sanatorium
(d) Length of stay: In hospital or institution 23 days
In this community 93 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
(c) City or town Doniphan Mo
(d) Street No. 0
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Eve | Cleaveland Carson

3. (b) If veteran, name war no 3. (c) Social Security No. 489-14-8728

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Reva Carson 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Sept 2 1915

8. AGE: Years 26 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Gatewood Mo

10. Usual occupation Restaurant

11. Industry or business

12. Name John Cleave Carson
13. Birthplace Gatewood Mo
14. Maiden name Moda Smith
15. Birthplace Gatewood Mo

16. (a) Informant Mr. Michael Reed Clerk

(b) Address Mo. State San. My Vernon Mo.

17. (a) Removal (b) Date thereof Aug 2-1942

(c) Place: burial or cremation Doniphan Mo

18. (a) Signature of funeral director Geo. S. Orrin

(b) Address My Vernon Mo

19. (a) Aug 16 42 (b) Anna Whisney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 11:30 minute 0

21. I hereby certify that I attended the deceased from July 9th
4 to Aug 1 1942
that I last saw him alive on Aug 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 13 lb

Major findings: Of operations.....

Of autopsy.....

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?.....

(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 0

23. Signature James L. Bruch M. D. Date signed 8/21/42

Address My Vernon Mo

Duration over 6 mos.

PHYSICIAN Underline the cause to which death should be charged statistically.

21
#F

RECEIVED

District Health Officer No. 6,

District File Number 942-1311

Date Filed SEP 1 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 Geo. B. Orr
Licensed Embalmer No. 946
P. O. Address 7th Yemmon St

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.