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
FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30208

State File No.

Registration District No. 97 Primary Registration District No. 5356 Registrar's No. 2

1. PLACE OF DEATH:

(a) County DALLAS

(b) City or town LONG-LANE RURAL WILSON TWS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town Long Lane Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME STEVE A. CARNEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Carney

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

7. Birth date of deceased January (Month) 16 (Day) 1872 (Year)

8. AGE: Years 70 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Marion Carney 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Pearl Carney
(b) Address Long Lane, Mo R#1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director W E Holman
(b) Address Lebanon Mo.

19. (a) Sept 25-1942 (Date received local registrar) (b) mrs Arthur Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Trouble

Due to Coronary thrombosis

Due to No inquest

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94a

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature L B Jones Coroner (M. D. or other)

Address Buffalo Date signed Aug 7-1942

112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-42-1020
Date Filed 10-1-42

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.