S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30491

State File No.

Registration District No. 151

Primary Registration District No. 5573

Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Oak Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oak Grove Mo 1 R.R. 2#
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Eight Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Oak Grove Mo R.R. 2
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 2#
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel W. Carr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

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

6. (b) ~~Name of husband or~~ wife Nettie

6. (c) ~~Age of husband or~~ wife if alive 54 years

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

8. AGE: Years 70 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Oakwood (City, town, or county) Tex 1 (State or foreign country)

10. Usual occupation Retired R.R. Mail Clerk

11. Industry or business

FATHER
12. Name Primus Carr
13. Birthplace So Carolina (City, town, or county) 1 (State or foreign country)

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

16. (a) Informant Nettie Carr
(b) Address Oak Grove Mo

17. (a) Blue Ridge Lawn (Burial, cremation, or removal) (b) Date thereof Sept (Month) 25th (Day) 1942 (Year)
(c) Place: burial or cremation Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Wert Appleton & Sons
(b) Address 1905 Vine St. KC Mo

19. (a) Sept. 22, 1942 (Date received local registrar) (b) Mary R. La Plante Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20. year 1942 hour 7:20 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug. 20 1942, 19, to Sept 19, 1942, that I last saw him alive on Sept 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 36 hrs.

Due to High blood pressure 26 1/4 — 6 weeks

Due to 8 30

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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.
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature O. Liston (M. D. ~~or other~~)
Address Oak Grove Mo Date signed 9/20/42

1312

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1942

SEP 28 1942

JUL 23 1945

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 C W West

Licensed Embalmer No. 2710

P. O. Address.....

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.