

S. No. 2
M-9-4-41
v. 5-17-39
X29484

30791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

FILED SEP 28 1942 199

Registration District No. Primary Registration District No. 4310

61
1
0

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bever

(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: 1 (Specify whether years, months or days)

In this community: 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Bever

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

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

If yes, name country: 0

3. (a) PRINT FULL NAME ADA CARR

3. (b) If veteran, name war: ✓

3. (c) Social Security No. 1

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife Charles Carr

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Mar. 12 1874

8. AGE: Years 68 Months 6 Days 4

If less than one day hr. min.

9. Birthplace Macon Co. Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Chas. Smith

13. Birthplace Macon Co. Mo

(City, town, or county) (State or foreign country)

14. Maiden name Martha Roberts

15. Birthplace Macon Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Roy Carr

(b) Address Bever Mo

17. (a) Burial (b) Date thereof 9-18-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Osage County

18. (a) Signature of funeral director W. J. Edwards

(b) Address Bever Mo

19. (a) 9-22-42 (b) Winnifred Rowland

(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16

year 1942 hour 12 minute 1 P.M.

21. I hereby certify that I attended the deceased from August 25, 1942, to Sept 15, 1942

that I last saw her alive on Sept 15, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Duration 2 days

Due to: 107

Due to: 107

Other conditions: Paralysis agitans 10 yrs.

(Include pregnancy within 3 months death)

PHYSICIAN

Major findings: Of operations

Of autopsy: 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) (Means of injury) 3

23. Signature C. Semler (M.D. or other) MD

Address: — Date signed: —

97
9-42
-62
28/42

1289

(Licensed Embalmer's Statement on Reverse Side)

AOT

9 10 42

SEP 28 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 *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Rever, 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.