

FILED JAN 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 29 years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1113 Garfield Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Guilford Dale Carr

3. (b) If veteran, name war None 3. (c) Social Security No. 491-10-2920

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Veronica Burke Carr 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Feb. 18 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Steamfitter

11. Industry or business _____

12. Name Ira Grant Carr
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lulu Driggers
15. Birthplace Hot Springs Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Veronica Carr
(b) Address 1113 Garfield Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman J. Indyladun
(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 2-26-42 (b) Rose Steigoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1942 hour 9 minute 35 P.

21. I hereby certify that I attended the deceased from Dec. 19
1942 to Dec. 23 1942
that I last saw him alive on Dec. 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 3 wks
acute cardiac decompensation 1 wk

Due to Metabolic Heart Disease 3 years

Due to _____

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

Major findings: Of operations _____
Of autopsy Same as above

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 J. J. Pharothers (M. D. or other) MD
Address St. Joseph, Mo. Date signed 12/24/42

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

11
1
7

JAN 13 1968

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.....

Albert P. Harrington

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph, 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.