

No. 2
4-13-40
5-17-39
I X23159

HELD JAN - 6 1943 + 86
Registration District No.

Primary Registration District No. 5693

Registrar's No.

59
00

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

1. PLACE OF DEATH:

(a) County Livington

(b) City or town Dawn Blue mound
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Jugo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 49 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livington

(c) City or town Dawn
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? 725 0 years.

3. (a) PRINT FULL NAME Adolphus Barclay Carey

3. (b) If veteran, name war World War No. I 3. (c) Social Security No. 499-16-4451

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th year 1942 hour 10 minute 00.9 A.M.

4. Sex Ma 5. Color or Race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Carey 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb - 10 - 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 4th 1942 to December 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Psychitis (Chronic)

8. AGE: Years Months Days If less than one day

49 10 6 hr. min.

Duration

Due to.....

Due to..... 1330

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

10. Usual occupation Teaching

11. Industry or business General Teaching

12. Name Arthur Carey

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary F. Ward

15. Birthplace Blandfield, Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Carey

(b) Address Dawn, Mo

17. (a) Burial (b) Date thereof 12/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lullow Mound Center

18. (a) Signature of funeral director Bernard J. Mead

(b) Address Braymer, Mo

19. (a) 12-20-42 (b) Mary E. Griffiths
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 F. V. ... (M. D. or other) ✓

Address Lullow, Mo. Date signed 12/18/42

JAN 1 1943

JAN 7 - 1943

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

Donald T. Mead

Licensed Embalmer No.

2801

P. O. Address

Praymer, 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.