No. 2
-1-4-41
5-17-39
I X28390

111
0
0

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

42276

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 21

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town MILLSPRING Twp. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether

In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED: 111

(a) State MISSOURI (b) County WAYNE 0

(c) City or town MILLSPRING RURAL 0 (If outside city or town limits, write "RURAL")

(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 BILLIE CARSON JR.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE

5. Color or race W. 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife OLA CARSON

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

7. Birth date of deceased APRIL (Month) 23 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	7	28	hr. min.

9. Birthplace MILLSPRING (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

FATHER
12. Name WILLIAM CARSON
13. Birthplace MILLSPRING (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name SOPHRONA SWEAZEA
15. Birthplace MILLSPRING (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant WILLIAM CARSON

(b) Address MILLSPRING, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation CARSON HILL

18. (a) Signature of funeral director N. W. Gish

(b) Address Piedmont, Mo.

19. (a) DEC. 30-1942 (Date received local registrar) (b) MAS. LOTTIE MANNS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21 year 1942 hour 10:00 minute AM.

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 Due to an explosion of a gasoline engine

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 111

(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

23. Signature T. C. Pilis Coroner (M. D. or other)

Address Piedmont, Mo. Date signed 12-29-42

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143-1506

Date Filed 1-5-43

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 me, Registered Apprentice No. working under my personal supervision.

Signed Norman W. Gist

Licensed Embalmer No. 3387

P. O. Address Fredericktown 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42276

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 21

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution:
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Billie Carson Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 23 1941
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1942 hour minute 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 Gas Engine exploded causing fragments to hit person in head

Due to causing death.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

180.6
15

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) Accident
(b) Date of occurrence 12/21/42
(c) Where did injury occur? Mill Spring Wayne Mo.
(City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
In woods at a saw mill
(Specify type of place)
While at work? Yes (c) Means of injury Explosion

23. Signature T C Giles (M. D. or other)
Address Piedmont, Mo. Date signed 2/3/43