

FILED SEP 8 1943

Registration District No. 56

Primary Registration District No. 4083

Registrar's No. 66

1. PLACE OF DEATH

(a) County Carroll

(b) City or town De Witt
(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 Missouri (b) County Carroll

(c) City or town De Witt
(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 JAMES EMERY CARL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-7-43
-19- to 8-24, 1943
that I last saw him alive on 8-24-43
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Carl 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 30 - 1870
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration _____

Due to Myocardial infarction ?

Due to _____

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

73 6 25 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Carl

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

14. Maiden name Kayyah Watson

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

Other conditions Hypertrophy of heart
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 137a

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. E. Carl

(b) Address De Witt Missouri

17. (a) Burial (b) Date thereof 8-28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Witt, Mo.

18. (a) Signature of funeral director L. W. Heisel

(b) Address Brunswick Mo

19. (a) Aug 29 43 (b) Harley Fisher
(Date received local registrar) (Registrar's signature)

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 Clayton Hale (M. D. or other) _____
Address _____ Date signed 8-22-43

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

17
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RECEIVED

District Health Officer No. H,

District File Number.....

Date Filed 9-7-73.....

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

L. M. Merrill

Licensed Embalmer No.

823

P. O. Address

Brunswick, N.C.

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.