

No. 17-39
X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10341

State File No. _____

Registration District No. _____

Primary Registration District No. 4036

Registrar's No. 586

1. PLACE OF DEATH

(a) County BATES

(b) City or town RICH HILL
(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:

(a) State MO (b) County Bates

(c) City or town Rich Hill Mo
(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 GEORGE CARR

3. (b) If veteran, name war X

3. (c) Social Security No. 487-09-7902

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7th year 1944 hour 8 minute 30P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex M

5. Color or face W

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

6. (b) Name of husband or wife _____

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

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

7. Birth date of deceased FEB 15 1878
(Month) (Day) (Year)

Due to acute congestive heart failure

8. AGE: Years 66 Months _____ Days 21 If less than one day _____ hr. _____ min.

Due to _____

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

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

10. Usual occupation Coal miner

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name ROBT. CARR

Of autopsy _____

13. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH WALKER

15. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Geo Carr

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof 3-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director B. Smith

(b) Address Rich Hill Mo

19. (a) Mar. 9, 1944 (b) Mrs. Edna Douglas
(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? _____

Wife at work? _____ (Specify type of place)

(e) Means of injury Cooper

23. Signature John Henderson (M. D. or other) _____
Address Benton Mo Date signed 3-8-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1042

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File

3-44-354

D.

4-9-44

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

John Glendonwood

Licensed Embalmer No.

3585

P. O. Address

Butler 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.