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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Carm Markey

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11672

Registration District No. 218

Primary Registration District No. 3050

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 309 West 8th St.,
(If rural, give location)

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

If yes, name country Citizen of U.S.A. 1

3. (a) PRINT FULL NAME Theodore Francis Carson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Eloise Teatherly

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

7. Birth date of deceased September (Month) 28 (Day) 1870 (Year)

8. AGE: Years 73 Months 5 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Wayne County, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired

11. Industry or business None

FATHER
12. Name Dr. William B. Carson
13. Birthplace Megs County, (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Amanda Allen
15. Birthplace Wayne County, (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Mrs. Marie Faris

(b) Address Caruthersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Florida.

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 3-12-1944 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 29, 1942 to ~~March~~ 1944, that I last saw him alive on March 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to

Due to 130

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:

(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 C. Carson (M. D. or other) Mo.

Address Caruthersville Mo. Date signed 3/10/44

1206

(Licensed Embalmer's Statement on Reverse Side)

3-4-66

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 Jack Kelley

Licensed Embalmer No. 8788

P. O. Address Hayti Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.