No. 2
2-43
7-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1944

Registration District No. 5 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17720

Primary Registration District No. 5214

Registrar's No.

1. PLACE OF DEATH:
(a) County Butler Carter
(b) City or town Rural Johnson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carter 18
(c) City or town Rural 3
(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 Moses Thomas Carnahan
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 Married
6. (b) Name of husband or wife Lela Carnahan
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan (Month) 4 (Day) 1891 (Year)

8. AGE: Years 51 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Carter County (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Robert T Carnahan
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Orlena Boxx
15. Birthplace Butler Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Lela Carnahan
(b) Address Ellsinore Mo. R.R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Robertson Cemetery
18. (a) Signature of funeral director Phil A Leuckel
(b) Address Van Buren Mo.
19. (a) Mar 4 1944 (Date received local registrar) Mrs. P. Smith (Registrar's signature)

1078 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1944 hour 2 minute 00 M.
21. I hereby certify that I attended the deceased from No recent treatment- 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis, with Arterio Solerosis-	
Due to	
Due to	
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 T. F. Collins 0 (M. D. or other)
Address Van Buren Date signed 3-4-44

G3d

MAR 2 9 1944

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~~ 3-3-44

....., Registered Apprentice No.....

working under my personal supervision.

Signed Philip A Lenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren In.

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
OM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. FILED Apr 8 1944

Registration District No. 58 Primary Registration District No. 3214 Registrar's No.

1. PLACE OF DEATH:
(a) County Butler - Carter
(b) City or town Rural - 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 years, months or days)
In this community

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 Mason J. Carnahan
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 (Month) Jan (Day) 4 (Year) 93
8. AGE: Years 51 Months 1 Days If less than one day, hrs. 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

SUPPLEMENTARY

20. DATE OF DEATH: Month Mar day 3
year 1944 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.

	Duration
Immediate cause of death	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

17720