

FILED JUN 8 1944

Primary Registration District No. 3050

Registrar's No. 49

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:  
8th & Beckwith Streets  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8th & Beckwith  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME William Virgil Carson

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Ella Carson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 22nd, 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Railroad Employee

11. Industry or business Retired

MOTHER FATHER { 12. Name William Carson  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ralph Carson,

(b) Address Charleston, Mo

17. (a) 5/2/1944 at Charleston, Mo  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery  
Lair-Nunnelee

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Charleston, Mo

19. (a) 5-9-44 (b) Jessie N. Markey  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-23, 1944, to 4-29, 1944

that I last saw him alive on 4-29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Uremia  
Chronic nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 13!P  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. A. Kennel (M. D. or other) M.D.  
Address Kennel, Mo Date signed 5-8-44

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

78  
1  
2

78  
1  
2

Duration  
10 days

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

1204

5-44-129

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**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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Ken net 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.**