S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21734

FILED JUN 28 1944

Registration District No. ..... Primary Registration District No. 2001 Registrar's No. 292

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: 44 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin
(If outside city or town limits, write "RURAL")

(d) Street No.: 2012 Wall St;
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Charles Carlson

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Bessie Carlson

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Jan. (Month) 10, (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
78	4	28	hr. min.

9. Birthplace: Red Wing Minn; (City, town, or county) (State or foreign country)

10. Usual occupation: Prop. Carlson Seed Co;

11. Industry or business:

FATHER
12. Name: Andrew Carlson
13. Birthplace: Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ann Carlson
15. Birthplace: Sweden (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Bessie Carlson

(b) Address: 2401 Wall St; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cem;

18. (a) Signature of funeral director: Hurlbut Und. Co;

(b) Address: Joplin Mo;

19. (a) 6-9-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 7, day 1944; year ..... hour 2-32 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from May 23 1944. ....., 19..., to June 7 1944.; that I last saw him alive on June 7 1944. 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
mesenteric apoplexy	4 days
Due to: malignant prostate.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: .malignant prostate.

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): no

(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: no (e) Means of injury:

23. Signature: O. Mitchell Guy (M. D. or other)

Address: Joplin Mo. Date signed: 6/8/44

1204 (Licensed Embalmer's Statement on Reverse Side)

44-4-495

OCT 5 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by Richard Gray Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed Perry K. Hurlburt

Licensed Embalmer No. 959

P. O. Address Joplin 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.