S. No. 2
I—8-43
5-17-39
P I X37823

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

37077

State File No.

FILED NOV 22 1944

Registration District No. 29

Primary Registration District No. 5100

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates.

(b) City or town Rural, West Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Not in hospital. At farm home. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 12 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Bates. 7

(c) City or town Rural, West Boone Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles east of Merwin. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HOWELL CARMICHAEL.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex male 0

5. Color or race white 1

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

6. (b) Name of husband or wife Ida B. Carmichael,

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March, (Month) 2 (Day) 1878. (Year)

8. AGE: Years 66 | Months 5 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Talbot Station, (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer & Stockman.

11. Industry or business General Farming.

FATHER
12. Name Benjamin H. Carmichael.
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Newman,
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs. Jno. H. Williams,
(b) Address Lisle, Missouri.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 8/31/1944. (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.

19. (a) 8/30/44. (Date received local registrar) (b) L. A. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th year 1944 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan. 28th 1942, to Aug. 28th 1944; that I last saw him alive on August, 18th 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion, Sudden.	
Due to	
Due to Arteriosclerosis of coronary blood vessels.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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 0

23. Signature E. E. Robinson (M. D. ~~XXXX~~ 8629)

Address Adrian, Missouri. Date signed 1944.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

Signed.....

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.