

FILED NOV 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38001

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 535

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 6 days (Specify whether)

In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1711 W. Fourth (If rural, give location)

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

If yes, name country 1)

3. (a) PRINT FULL NAME Orion Egbert Carson

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-9864

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, Day 4, year 1944, hour 1, minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1944, to Nov 4 1944, that I last saw him alive on Nov 4 1944, and that death occurred on the date and hour stated above.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Elsie Carson

7. Birth date of deceased March 10, 1888 (Month) (Day) (Year)

Immediate cause of death Myocardial infarct

Duration 2 wks.

Due to Chronic severe myocardial infarct with aneurysm of arch of aorta

8. AGE: Years 56, Months 7, Days 25, If less than one day hr. min.

9. Birthplace Oil City, Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation carpenter

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30 d

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Durant Elmer Carson

13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Ida Wiles

15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Carson

(b) Address 1711 W. Fourth, Joplin, Mo.

17. (a) burial (b) Date thereof 11/7/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 11-7-44 (Date received local registrar) (b) Gestus Rudhoeber (Registrar's signature)

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 B. G. Carson (M. D. or other) Address Joplin, Mo. Date signed 11-7-44

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

44-11-928

DEC 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Japhin 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.