S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 59

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40844

Primary Registration District No. 5227

Registrar's No. 193

1. PLACE OF DEATH:

(a) County CASS

(b) City or town RURAL Peculiar Mo
(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 1 (Specify whether
In this community 6 years -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CASS 19

(c) City or town Peculiar, Mo R.F.D. 1
(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 1

3. (a) PRINT FULL NAME William H. CARR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife X

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

7. Birth date of deceased Dec (Month) 16 (Day) 1861 (Year)

8. AGE: Years 83 Months 0 Days 11 If less than one day hr. min.

9. Birthplace WALNUT, Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name A. J CARR
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Glen Carr
(b) Address Peculiar, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec (Month) 30 (Day) 1944 (Year)
(c) Place: burial or cremation Greenlawn.

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler, Mo.

19. (a) Dec. 29, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1944 hour 6 P.M minute M.

21. I hereby certify that I attended the deceased from Dec. 21, 1944, to Dec. 26, Inc., 1944
that I last saw him alive on Dec. 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	
Due to	
Due to 1110	
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 0

23. Signature J. S. Triplett, M.D. (M.D. or other)
Address Harrisonville, Mo. Date signed 12/29/44

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(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, or by.....

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

working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.