

FILED MAR 24 1945

State File No.

Registration District No.

Primary Registration District No. 6 R 2 B

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town ILLMO Illmo, Illmo Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Illmo (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Theodore M. CARBAUGH
(b) If veteran, name war:
(c) Social Security No. 702-09-5612

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEBRUARY day 24 year 1945 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from Viewed Body 19 July 24 19 45

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zora Hood Carbaugh
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased: Dec 15 1902
(Month) (Day) (Year)

that I last saw h. alive on _____, 19 _____ and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Indigestion Duration 2 hr
Due to: _____
Due to: 11813
Other conditions: _____ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
42 2 9 hr. min.

9. Birthplace: Pasey Co. Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation: R.R. Conductor

11. Industry or business: Cotton Belt R.R.

12. Name: Mahachai Carbaugh

13. Birthplace: Pasey Co. Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name: Effie Calvin

15. Birthplace: Pasey Co. Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr Zora Carbaugh

(b) Address: Illmo, Mo

17. (a) Burial (b) Date thereof: 2-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cape Co Mo

18. (a) Signature of funeral director: Displinghoff Funeral Home

(b) Address: Illmo, Mo

19. (a) 2-27-45 (b) S. J. Drown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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) (e) Means of injury: 3
23. Signature: Orville Taylor (M.D. or other) Corona
Address: Illmo, Mo. Date signed: 2-24-45

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

MOTHER FATHER

729

RECEIVED

District Health Office No. 2

District File Number 345-45

Date Filed 3/8/45

AUG 7 1945

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 Marnie Duplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.