

FILED APR 6 1945
Registration District No. 12

Primary Registration District No. 5130

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural (Rush Twp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. #1, Rushville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 yrs.
years, months or days

3. (a) PRINT FULL NAME Milton H. Carmichael

3. (b) If veteran, name war. None 3. (c) Social Security No. 512-20-1304

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mattie Manley 6. (c) Age of husband or wife if alive 70 yrs. years

7. Birth date of deceased. Oct. 18, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Buchanan Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hiram Carmichael

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Barthena Bailey

15. Birthplace Benton Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Carmichael

(b) Address R. F. D. #1, Rushville, Mo.

17. (a) Burial (b) Date thereof. 4/5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Harvey B. Buis

(b) Address Atchison, Kansas

19. (a) 4/4/45 (b) Robert S. Stoble
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rushville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. D. #1, Rushville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1945 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Mar 25-1945
1945, to April 3 1945.
that I last saw him alive on April 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Arteriosclerosis
Duration 10 days
2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 43
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature F. V. Stuart (M. D. or other)
Address Atchison, Kans. Date signed 4-7-45

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 *George E. Harshoff*

Licensed Embalmer No..... 820

P. O. Address..... Box 87, Atchison, Kas

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.