

FILED APR 23 1945

Registration District No.

Primary Registration District No. 4-47-26087

Registrar's No. 1

1. PLACE OF DEATH:

(a) County... Saline
(b) City or town... Cambridge Rural
(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...
In this community... all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Saline
(c) City or town... R 7 Rural
(If outside city or town limits, write "RURAL")
(d) Street No... R 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME

Arber LeRoy Carr

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex... male

5. Color of hair... white

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

6. (b) Name of husband or wife... Lucille Carr

6. (c) Age of husband or wife if alive... 51 years

7. Birth date of deceased... October 15-1890

(Month) (Day) (Year)

8. AGE:

Years... 54 Months... 5 Days... 28 If less than one day

9. Birthplace

Near Slater, Saline Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Richard Carr

12. Name... Richard Carr

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

14. Maiden name... Edna Aronson

15. Birthplace... Saline Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Lucille Carr
(b) Address... Slater Mo R 7

17. (a) Rural (b) Date thereof... 4-15-45
(Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial... Slater City Cemetery

18. (a) Signature of funeral director... John Giger
(b) Address... Slater Mo

19. (a) Apr 17-45 (b) Mrs. John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 13
year... 1945 hour... 5 minute... 15 M.

21. I hereby certify that I attended the deceased from... 2 months
beginning April to... 13... 19...
that I last saw him... alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death... Deep stab wound through heart

Due to...
Due to...

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

Major findings:
Of operations... 1640
Of autopsy...

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)... suicide
(b) Date of occurrence... 4-13-45
(c) Where did injury occur? Home on farm
(City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)
(e) Means of injury... Saline Co.

23. Signature... C. L. Lawless (Coroner) (M.D. or other)
Address... Marshall Mo. Date signed... 4-18-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

97
0
0

RECEIVED

Chief Health Officer No. 8

Serial File Number.....

Date Filed 4/21/45

APR 25 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 Jas E Jones

Licensed Embalmer No. 3143

P. O. Address Slater Mrs

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.