

FILED JUN 21 1945

State File No.

5220

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Davenport
(c) City or town Davenport
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Dr. Roscoe Patrick Carney Sr.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Clara Carney 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 15th., 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 8 27 hr. min.

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

10. Usual occupation Medical Doctor

11. Industry or business.

MOTHER FATHER { 12. Name Patrick Henry Carney
13. Birthplace Ill.
14. Maiden name Mary Jane Flannegan
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Carney
(b) Address Davenport, Iowa

17. (a) Removal (b) Date thereof 6-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Island Ill.

18. (a) Signature of funeral director Arthur J. Bennett
(b) Address 3840 Lindell Blvd.

19. (a) JUN 13 1945
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th.,
year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 10, 1945 to July 12, 1945
that I last saw him alive on July 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above
St. U. Dept Path

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
Signature Ralph Russell (M. D. or other)
Address 3720 Washington Date signed 6/13/45

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

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 W VanMatre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.