

FILED JUL 12 1945
Registration District No.

Primary Registration District No. 5780

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon (Rural) Saline
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Eldon (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Jasper Carrender

3. (b) If veteran, name war no 3. (c) Social Security No. A86-30-8235

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 5 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 3 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William R. Carrender

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

14. Maiden name Nancy Jane Hicks

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

16. (a) Informant Floyd Carrender

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 6-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 6-21-45 (b) H. Pearson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 19
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicidal Shooting
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy HAC

Duration

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) Suicide
(b) Date of occurrence 6-19-45
(c) Where did injury occur? Eldon Miller, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. E. Keen (M. D. or other) _____
Address Julesburg, Mo. Date signed 6-19-45

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

6600

1114

RECEIVED

Miller County Health Dept.

County File Number 60-45

Date Filed 6-5-45

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Elden

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.