. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

State File No. 27604

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 minutes (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 410 N. Ball 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Edith Mae Carhart
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Scott Carhart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 16, 1908 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	4	29	hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Charles Perry
13. Birthplace not known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Scott Carhart 1
(b) Address 410 N. Ball, Webb City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missour
19. (a) 8-20-45 (Date received local registrar) (b) W. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1945 hour 10 minute 55 P M.
21. I hereby certify that I attended the deceased from Did not attend 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death 22 Cal Bullet through Skull Radiated into Brain tissue
Due to Almost immediately
Due to Hit 10:15 - Died 10:55
Internal Hemorrhage
Other conditions (Include pregnancy within 3 months of death)
Unknown Hands
Major findings:
Of operations: Fired Gun
Of autopsy

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) Accident 122
(b) Date of occurrence 8/14/45
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury 22 Cal Bullet
23. Signature W. W. Dergalt (M. D. or other) DO
Address 3/14 Joplin Date, signed 8/14/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-8-6-95

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.