S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30729

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jasper Co.
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 S. Webb
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 311 S. Webb
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John Henry Carsten

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

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

6. (b) Name of husband or wife Vina Carsten 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 19, 1869
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	15	hr. ..... min.

9. Birthplace Scott County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpenter

FATHER
12. Name Henry Carsten
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Elzera
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Vina Carsten
(b) Address Webb City Mo.

17. (a) Burial (b) Date thereof Sept 5, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Sept. 6, 1945 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day 3rd
year 1945 hour 9:20 minute A M.

21. I hereby certify that I attended the deceased from 8-21, 1945, to 9-3, 1945
that I last saw him alive on 9-3, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature M. S. Lucas Sr. (M. D. or other) LDO
Address Webb City Mo Date signed 9-4-45

1180

(Licensed Embalmer's Statement on Reverse Side)

45-1-148

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 myself, Registered Apprentice No. , working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.