S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42717

State File No.

FILED JAN 11 1946

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 189

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washtn Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. No 3. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 108

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emery Carrington

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 Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 71 Months — Days — If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business "

FATHER
12. Name Edward Asa Carrington
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Riggs
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)
(c) Place: burial [redacted] St. James Cemetery

18. (a) Signature of funeral director G. B. Beeny & Sons
(b) Address Sheldon Mo.

19. (a) 12-25-45 (Date received local registrar) (b) Kathryn H. Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1945 hour 6 — minute A M.

21. I hereby certify that I attended the deceased from 12-17-1945, 19, to 12-25- 1945
that I last saw him alive on 12-24-1945, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis. Duration

Due to

Due to

Other conditions Senile Dementia
(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 R B Lester (M. D. or other)

Address Nevada Mo Date signed 12-25-45

1499

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Date Filed 12-40-1310
1-10-46

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 Carroll T. Berry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.