

FILED JAN 31 1946

Registration District No. _____

Primary Registration District No. 200

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: 217 Pearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 Years (Specify whether years, months or days)
In this community 47 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 217 Pearl (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Grayson Carman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November 11, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Mine Operator

11. Industry or business Retired

MOTHER FATHER { 12. Name Pearson Carmean
13. Birthplace Illinois
14. Maiden name Euffala Venice
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant C.K. Carmean
(b) Address Carthage

17. (a) Burial (b) Date thereof 12-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Harold W. Noel

(b) Address Joplin Mo

19. (a) 12/28/45 (b) C. Carmean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1945 hour 10 39 minute xx P.M.

21. I hereby certify that I attended the deceased from Dec. 24 1945 to Dec. 26 1945
that I last saw him alive on Dec. 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations: MI
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?

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

23. Signature Lois T. Noel (M. D. or other) MD
Address Joplin Mo Date signed 12/28/45

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

100471

45-12-1040

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 *Terry F. Harbush*

Licensed Embalmer No. *959*

P. O. Address *John St.*

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.