No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5201 Pray

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany (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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rachel Elizabeth Carlock

3. (b) If veteran, name war none

3. (c) Social Security No. none.

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Madison Carlock

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 30 (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Gentry Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Wayne Barnett
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarah Stanley
15. Birthplace Gentry Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Geo Carlock

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Old Brick

18. (a) Signature of funeral director Clifford Brooks

(b) Address Albany Mo

19. (a) Feby 25-1946 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 12, 1946, to Feb. 14, 1946; that I last saw him alive on Feb 14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from rectum 2 days

Due to Carcinoma of Colon (sigmoid) + rectum 1 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 46

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)

(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 2

23. Signature C. J. Pray (M. D. or other)

Address Albany, Mo Date signed 2-20-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address Albany 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.