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 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10720

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 559

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36

(c) City or town St. Clair 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 1 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Josephine Carr

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Late Erskin Carr

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

7. Birth date of deceased Aug. (Month) 11th (Day) 1858 (Year)

8. AGE: Years 87 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Louisville (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Edward S. Moon
13. Birthplace ? (City, town, or county) U.S.A. 1 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) U.S.A. 1 (State or foreign country)

16. (a) Informant Walter Moon

(b) Address 1422 Big Bend Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Jeffersonville Indiana

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address Clayton Rd. At Concordia Lane

19. (a) 3-6-46 (Date received local registrar) (b) E.G.M. Gorman MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1946 hour 11:30 minute A.M. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Mar 3, 1946; that I last saw her alive on Mar 3, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma lt. breast	years
Due to 50	
Due to	
Other conditions Chr. Myocarditis (Include pregnancy within 3 months of death)	years

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 0

23. Signature C H Denny (M. D. ~~XXXXX~~ MO.

Address Creve Cour, Mo. Date signed 3/4/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1994

P. O. Address.....

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.