

No. 2  
2-43  
17-39  
X35697

FILED MAY 15 1946

State File No. \_\_\_\_\_

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
413 Grant St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73  
(c) City or town Neosho 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 413 Grant St 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ancil Carden

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 20 1863  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union County Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Carden

13. Birthplace Union Tenn 9  
(City, town, or county) (State or foreign country)

14. Maiden name Carden

15. Birthplace Union Tenn 9  
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Carden

(b) Address Wassman, Mo

17. (a) Burial (b) Date thereof May 2 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Shannon Funeral Home

(b) Address 307 E. Main St.

19. (a) Apr. 30, 1946 (b) Melburn C. Bowman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 3 1946 to April 30 1946  
that I last saw him alive on April 29 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Duration 3 mo.

Due to Myocardial Damage

Due to \_\_\_\_\_

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

Major findings: Of operations 950  
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? \_\_\_\_\_ (Specify type of injury) (c) Means of injury 0

23. Signature Harold P. Lent (M. D. or other) \_\_\_\_\_  
Address 113 W. Nicky, Neosho, Mo. Date signed 30 April

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

12893

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 546-14  
Date Filed 5-12-46

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 \_\_\_\_\_

Joseph R. Summell, Registered Apprentice No. 391  
working under my personal supervision.

Signed Corley Thompson  
Licensed Embalmer No. 3259  
P. O. Address Neosho 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.