S. No. 2
M—8-43
5-17-39
1 X37823

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

FILED JUL 10 1946

State File No. 22474

Registration District No. 354 Primary Registration District No. 6197 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

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

(c) Name of hospital or institution: 3 on Highway #60
(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 Kansas (b) County Labette 999

(c) City or town Parsons 14
(If outside city or town limits, write "RURAL")

(d) Street No. 2501 Chess 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Lloyd John CARSON

3. (b) If veteran, name war World War II

3. (c) Social Security No. 462-07-5810

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Catherine

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased June (Month) 24 (Day) 1915 (Year)

8. AGE: Years 30 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Coffeyville (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Welder

11. Industry or business Labette Co. Highway Dept

FATHER
12. Name Leonard Carson
13. Birthplace (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Charlotte Rhoads
15. Birthplace (City, town, or county) Mo (State or foreign country) 1

16. (a) Informant Leonard Carson
(b) Address R#1 Dennis Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Labette Co. Kans.

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo

19. (a) June 18 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 8 day year 1946 10 hour 40 minute P. M.

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

Immediate cause of death Collision of two Cars

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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) accident 107

(b) Date of occurrence June 8-46 10:40 P.m.

(c) Where did injury occur? On Highway #60 (City or town) Texas (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway #60 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature J. R. Hancock (M.D. or other)

Address Houston Mo Date signed 6/8/46

321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 746 400
Date Filed 7, 9, 46

OCT 21 1946

NOV 26 1946

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 Garfield V. Elliott

Licensed Embalmer No. 2252

P. O. Address Carrol Me

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.