

FILED FEB 10 1947

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
Mc Cormick 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME ETTIE MAUDE CARNES

3. (b) If veteran, _____ name war x

3. (c) Social Security No. _____ v

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
year 47 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-23-47
19____ to 1-27-47 19____

that I last saw her alive on 1-27-47 19____
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Clarence Bert Carnes

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

7. Birth date of deceased: MARCH 4 1887
(Month) (Day) (Year)

Immediate cause of death Acute myocarditis 3 days
Duration

8. AGE: Years 59 Months 10 Days 23 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Diabetes
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John Connoy

13. Birthplace Miller Co MO
(City, town, or county) (State or foreign country)

14. Maiden name K

15. Birthplace D K 9
(City, town, or county) (State or foreign country)

Major findings: 61
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Recker

(b) Address FA Centralia

17. (a) Burial (b) Date thereof Jan 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia

18. (a) Signature of funeral director T. J. Weller

(b) Address Centralia

19. (a) 1/29-47 (b) Leah McCormick
(Date received local registrar) (Registrar's signature)

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 place)
(e) Means of injury 31

23. Signature W. H. McCormick (M. D. or other) P.O.

Address 300 1/2 Reed St. Moberly Mo date signed 1-27-47

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

MOTHER FATHER

MAR 31 1947

RECEIVED
Health Officer
Number 247-252
FEB - 5 1947

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.....
Rowley

Licensed Embalmer No. *3183*

P. O. Address.....
Colerain, N.J.

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.