No. 2
12-45
17-39
X47070

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

State File No. 9639

FILED MAR 28 1947

Registration District No. 756 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2310 W. Fourth 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 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2310 W. Fourth St. 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maude Carrico

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roy Carrico

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January (Month) 4 (Day) 1892 (Year)

8. AGE: Years 55 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Liberal (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Brewer
13. Birthplace Barton Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Eva Hall
15. Birthplace Barton Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ray Carrico
(b) Address 2310 W. 4th Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Williams Funeral Home
(b) Address Goodman -- Mo.

19. (a) 2-27-47 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1947 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1947 ~~Feb 24~~, 1947, to Feb 24, 1947; that I last saw her alive on Feb 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: uterus sclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 Guy I Meredith (M. D. or other)

Address 401 Friso Bldg. Date signed 2-27-47

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(Licensed Embalmer's Statement on Reverse Side)

47-3-124

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 John B. Pafineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.