

FILED MAY 5 1947

Registration District No.

Primary Registration District No. 5028

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural, Dale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CURTIS CARMEAN

3. (b) If veteran, name war: ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Nellie Carmean 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased March 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Atchison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Andrew J. Carmean
13. Birthplace Washington Court House, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Meader
15. Birthplace Independence, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Carmean

(b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof 4/6/47
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge, Fairfax

18. (a) Signature of funeral director Marvin W. Oberholser

(b) Address Fairfax, Missouri

19. (a) 4-6-47 (b) M. H. D. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 1/2 mi. S.E. of Fairfax
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 14,
1946 to April 4, 1947;
that I last saw him alive on April 4, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death acute uremic
intoxication, & renal Duration 6 days
failure,
Due to Chronic myocardial 7 mo.
decompensation
Due to arteriosclerosis

Other conditions Bronchiogenic Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations 47C
Of autopsy 47C
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? 3
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edwin Kilson (M. D. or other) D.O.
Address Fairfax, Missouri Date signed 4-5-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Marvin H. Schoeler*

Licensed Embalmer No. *4164*

P. O. Address *Laura, Missouri*

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.