

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

12422

State File No. _____

FILED APR 24 1947

Registration District No. 32

Primary Registration District No. 5114

Registrar's No. 213

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town ZALMA
(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 _____ (Specify whether)
In this community 76 years, months or days

3. (a) PRINT
FULL NAME

JOHN LOGAN CARR

3. (b) If veteran,
name war _____

3. (c) Social Security
No. 2

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married,
divorced MARRIED
6. (b) Name of husband or wife CORA MAE CARR 6. (c) Age of husband or wife if
alive 59 years
7. Birth date of deceased Nov. 15 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 4 _____ hr. _____ min.

9. Birthplace OWENSBURG IND.
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business MARTIN CARR

12. Name FRANCIS MARION CARR

13. Birthplace IND.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Asier Carr
(b) Address Marble Hill, Mo.

17. (a) BURIAL (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAKER CEM., LUTESVILLE, MO.

18. (c) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTESVILLE MO

19. (a) April 17 1947 (b) William N. Vandenberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town ZALMA
(If outside city or town limits, write "RURAL")
(d) Street No. Wayne - 1st (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19th
year 1947 hour 12:00 minute 35 P. M.

21. I hereby certify that I attended the deceased from
Mar. 1 1947 to Mar. 19 1947
that I last saw him alive on Mar. 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Hypertension
Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 43A

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 2

23. Signature E.C. Meatus (M. D. or other) Dr
Address Advocate, Mo Date signed 4-6-47

RECEIVED

District Health Officer No. 4
District File Number 447-568
Date Filed 4-23-47

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.