S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 5 1947

Registration District No. 13

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13810

Primary Registration District No. 3228

Registrar's No. 98

49 / 3

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 1001 Howard 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: 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 1001 Howard St. 3
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: Laura Belle Carmean

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: widowed

6. (b) Name of husband or wife: Albert F. Carmean

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

7. Birth date of deceased: December 22, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	1	hr. min.

9. Birthplace: Miami County Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: ----

MOTHER FATHER

12. Name: G. L. Ackerly

13. Birthplace: unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name: (unknown) Goodrich

15. Birthplace: unknown Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant: Carl Carmean

(b) Address: Rt 4, Carthage, Mo.

17. (a) burial (b) Date thereof: Apr 25, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park Cemetery Maus

18. (a) Signature of funeral director: Knell Mortuary

(b) Address: Carthage, Mo.

19. (a) 4-24-47 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 11:40 minute a M.

21. I hereby certify that I attended the deceased from Jan 5, 1947 to Apr 23, 1947; that I last saw her alive on Apr 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic interstitial	5 yrs.
Due to: Senility	
Due to:	
Other conditions: Embolism Cerebral, on Jan 9, 1947	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN

Underline the cause of 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: George H. Wood (M. D. or other)

Address: Carthage Mo Date signed: Apr 24 '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-2-362

AUG 13 1947

JAN 15 1948

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.....
Robert N. Knell Registered Apprentice No. 406,
working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.