

S. No. 2
M-8-43
5-17-39
X37823

FILED APR 18 1947

Registration District No. 270 Primary Registration District No. 4427-5983 Registrar's No. 44

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

1. PLACE OF DEATH

(a) County Pulaski

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

(c) Name of hospital or institution: Rout 1/1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Hampton Carreth

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Nov 28 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace West Plains Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Laura Cornell

13. Birthplace West Plains Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unkent

15. Birthplace West Plains Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Coyde Cornell

(b) Address Waynesville Mo.

17. (a) Burial (b) Date thereof 3/20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at home

18. (a) Signature of funeral director R. B. Deppa

(b) Address Richland Mo.

19. (a) 4/15/47 (b) Shelma C. Buckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Waynesville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rout 1/1
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1947 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from June
1947 to Apr 3 1947

that I last saw him alive on Apr 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93D

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? _____

While at work? _____ (Specify type of place) _____

(a) Means of injury _____

23. Signature Ray H. [unclear] (M. D. or other) _____

Address [unclear] Date signed 4/15/47

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

Arle E. Bunch
working under my personal supervision.

Registered Apprentice No. *481.*

Signed *R. B. Inger*

Licensed Embalmer No. *3198*

P. O. Address *Richland 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.