S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18179

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 27

1. PLACE OF DEATH
(a) County Mississippi
(b) City or town Rural St. James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile South E. Prairie Mo
(If rural, give location) 10
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS CARSON
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Marty Carson
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 28 (Day) 1894 (Year)

8. AGE: Years 52 Months 8 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John Carson
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Margarete Jordan
15. Birthplace Unknown (City, town, or county) North Carolina (State or foreign country)
16. (a) Informant Margarete Carson
(b) Address East Prairie, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo
19. (a) 5-20-47 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1947 hour 8 minute 9 A.M.
21. I hereby certify that I attended the deceased from 1946- 1946, to April 15, 1947, that I last saw him alive on April 14, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
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
23. Signature S. P. Martice (M. D. or other)
Address East Prairie Mo Date signed 5-20-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 547-757
Date Filed 5-27-47

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 Isaac Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.