FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21343

Registration District No. 7 5 7

Primary Registration District No. 3028

Registrar's No. 140

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: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 78 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 613 S. Grant St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME MANDA W. CARNAHAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Piatt Carnahan

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

7. Birth date of deceased February (Month) 15 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
95	4	7	..... hr. ..... min.

9. Birthplace Richaway County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business at home

FATHER
12. Name Thomas Wiggins
13. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Aims
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Harold Wiggins
(b) Address 412 S. Garrison, Carthage, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.

19. (a) 6-24-47 (Date received local registrar) (b) L.B. Clenton M.D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1947 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Apr 30, 1947 to June 22 1947
that I last saw h alive on June 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	
Due to Fracture of neck of Right Femur from fall on floor at home	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident
(b) Date of occurrence Apr 30, 47
(c) Where did injury occur? Carthage (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? fell on floor at home (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature R.V. Webster (M. D. or other)
Address Carthage Mo Date signed June 23 '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
M—1/47
v. 5-17-39

47-6-558

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 Frank W. Krell 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.