

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24455

FILED JUL 24 1947

Registration District No. 1776

Primary Registration District No. 3026

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1514 W. College 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME MR. CHARLES C CARLTON

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-24-9510

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 17, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	3	21	hr. min.
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9. Birthplace: Evansville, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Gleaner Co.

MOTHER FATHER

12. Name unknown

13. Birthplace _____ (City, town, or county) (State or foreign country) 7

14. Maiden name Anna Lamar (City, town, or county) (State or foreign country)

15. Birthplace unknown, France (City, town, or county) (State or foreign country) 5

16. (a) Informant Elmer E. Carlton

(b) Address 110 S. Huttig, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/10/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 7-15-47 (Date received local registrar)

(b) [Signature] (Registrar's signature) 2519

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6/8 to 7/8/47 that I last saw him alive on 7/8/47 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation Duration 1 hour

Due to arterial hypertension 1 year

Due to _____

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

Major findings: ASC

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? 1

While at work? _____ (Specify type of place)

(a) Means of injury _____

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

Address [Signature] Date signed 7/9/47

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

Handwritten notes:
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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 William H. Schlanter, Registered Apprentice No. 439 working under my personal supervision.

Signed R. A. Lisa
Licensed Embalmer No. 4123
P. O. Address Indianapolis, Ind.

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.