S. No. 2
M—2-43
. 5-17-39
I X35697

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

Osage Township

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25184

Registration District No. 311 Primary Registration District No. 6054 Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Clair

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Appleton City (Rural) (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James Carr

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Iva Carr

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 11 (Month) 22 (Day) 1890 (Year)

8. AGE: Years 56 Months 5 Days 22 If less than one day hr. min.

9. Birthplace St. Clair County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation farminf

11. Industry or business

FATHER
12. Name George M. Carr
13. Birthplace Ind (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rhoda J. Rosebrough
15. Birthplace St. Clair County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank Rosebrough

(b) Address El Dorado Springs Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Missouri

18. (a) Signature of funeral director F.B. Goodrich

(b) Address Osceola Missouri

19. (a) Aug. 6-47 (Date received local registrar) (b) Mrs. Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day #### 14 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Gun shot wounds self inflicted

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) suicide

(b) Date of occurrence 5-14-47

(c) Where did injury occur? Appleton City (City or town) MO (County) (Rural) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)

While at work? (e) Means of injury Head injury

23. Signature [signature] (M. D. or other) Coroner

Address Osceola Mo Date signed 5/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-962
Date Filed 8-5-47

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 Prepared ....., Registered Apprentice No. ....., working under my personal supervision.

Signed F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscoda Mi

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.