S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28767

FILED SEP 3 1947

Registration District No. 378 — Primary Registration District No. 3059 — Registrar's No. 289

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 717 N Spruce (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL")
(d) Street No. 717 N Spruce (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JAMES C. CARRON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice Carron
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. (Month) 23 (Day) 1871 (Year)

8. AGE: Years 75 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Bloomsdale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Adolph Carron
13. Birthplace Lawrenceton (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Lawrence
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Bernell Holdman
(b) Address 717 N Spruce Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrenceton Mo
18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 8-27-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20th year 1947 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 30, 1947, to Aug. 18, 1947; that I last saw him alive on Aug. 18, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene, left leg & foot	1 mo
Due to: Thrombophlebitis veins left lower leg	2 mos
Due to:	
Other conditions (Include pregnancy within 3 months of death): General arteriosclerosis and hypertension	several years

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) .....
(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 M. T. Haw, Jr. (M. D. or other) M.D.
Address Bonne Terre, Mo Date signed 8/25/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 947-1110

Date Filed 9-2-47

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 Clarence J Claywell

Licensed Embalmer No. 3786

P. O. Address Boone Iowa

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.