

FILED DEC 1 1947

State File No. _____

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 da (Specify whether years, months or days)
In this community 5 da

3. (a) PRINT FULL NAME Sarah Jane Carmack

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Edward Carmack 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 15 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 3 hr. min.

9. Birthplace Texas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER
12. Name James Ragan
13. Birthplace Uida mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Perry
15. Birthplace mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Edward Carmack

(b) Address Le Coma, Mo.

17. (a) Rolla, Mo. (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rhea Cem

18. (a) Signature of funeral director NUU & SON F.H.

(b) Address Rolla Missouri

19. (a) Nov 24 1947 (b) John C. Buckthorpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps Dento
(c) City or town La Coma
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1947 hour 5 minute 10 p.m.

21. I hereby certify that I attended the deceased from Nov. 14, 1947, to 11-18, 1947
that I last saw her alive on 11-18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Due to Inflamed Caecum
Intestinal Obstruction
due to Carcinoma of Sigmoid Colon
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Obstruction
Of operations Sigmoid due to Carcinoma
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John C. Buckthorpe (M. D. or other) _____
Address Waynesville Mo Date signed 11/18/47

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.....

Paul E. V. Muel....., Registered Apprentice No. *428*
working under my personal supervision.

Signed.....*S. E. V. Muel*.....

Licensed Embalmer No. *3397*.....

P. O. Address *Rella 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.