

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED JAN 30 1948

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town 612 Bluff St. Fulton Mo
 (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 Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME George Elmer Carrington
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ada Carrington 6. (c) Age of husband or wife if alive 3 years 1890
 7. Birth date of deceased June 3 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace S. E. Fulton Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Inventor of Carrington Terracer

11. Industry or business _____
 12. Name Nathan Carrington
 13. Birthplace Reform Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Herring
 15. Birthplace Reform Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant George W. Carrington
 (b) Address Fulton, Missouri
 17. (a) Burial (b) Date thereof 1-19-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Thallice Funeral Home
& W 6th St, Fulton, Missouri
 (b) Address _____
 19. (a) Jan 22-48 (b) Josie Mossinkhoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 612 Bluff St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 17
 year 1948 hour 4:45 minute As M.
 21. I hereby certify that I attended the deceased from Dec 17
1947 to Jan 17 1948
 that I last saw him alive on Jan 16 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Syndrome
 Due to Chronic Bright's + High Blood Pressure
 Due to _____

Other conditions over work & worry
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 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 O
 23. Signature H. J. Owen (M. D. or other)
 Address Fulton Mo. Date signed 1-19-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 29 1948

MAR 25 1953

MAR 25 1953

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.....
Walter J. Heine, Jr......, Registered Apprentice No. *82*
working under my personal supervision.

Signed *Remil C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *Fulton 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.