

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2300 North Kansas Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 14 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Hartsville
(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 _____

3. (a) PRINT FULL NAME JESSE RUBEN CARRIGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Carriger 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 25 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 10 hr. min.

9. Birthplace unk. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Ruben Carriger
13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name May E. Greenwell
15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Mildred Carriger
(b) Address 2300 North Kansas Ave

17. (a) Burial (b) Date thereof 1-7-1948
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Shaddy Cem

18. (c) Signature of funeral director Ray E. Holden

(b) Address Hartsville Mo

19. (a) 1-5-48 (b) W. E. Handley
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year 1948 hour 12:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 24, 1947 to Jan 5, 1948
that I last saw him alive on January 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Uremia Duration 3 WKS

Due to chronic glomerulonephritis 2 YRS

Due to _____

Other conditions Paralysis agitans 7 YRS
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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? 2

While at work: _____ (Specify type of place) (e) Means of injury 20

23. Signature William Hampton (M. D. or other) 20

Address Springfield Mo Date signed 1-5-48

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

39
2
6

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 Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville 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.