S. No. 2
M—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2007

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)
In this community 60 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Louisiana (If outside city or town limits, write "RURAL")
(d) Street No.: 323 Mansion St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: DORATHEA ALLING CARR
3. (b) If veteran, name war: ----
3. (c) Social Security No.: ----
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martin Carr
6. (c) Age of husband or wife if alive: 94 years
7. Birth date of deceased: Dec. (Month) 31 (Day) 1858 (Year)
8. AGE: Years 89 Months 0 Days 14 If less than one day hr. min.
9. Birthplace: Kloster in Slesvig (City, town, or county) Denmark (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
MOTHER FATHER
12. Name: Jens Alling
13. Birthplace: Unknown (City, town, or county) Denmark (State or foreign country)
14. Maiden name: Margretta Frets
15. Birthplace: Unknown (City, town, or county) Denmark (State or foreign country)
16. (a) Informant: Mrs. Mary Carr Rose
(b) Address: Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.
18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri
19. (a) 1-17-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1 1944 19.. to Jan. 15. 1948 that I last saw her alive on Jan. 14. 1948 19.. and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to: Arteriosclerosis
Due to: Growing Old
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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):
(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: Charles P. Fewell (M. D. or other)
Address: Louisiana, Mo. Date signed 1/16/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1949

VS NOV 2 1960

RECEIVED
District Health Officer No. 10
District File Number 2-48-22
Date Filed FEB -4 1948

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 Virginia M Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.