

FILED MAY 21 1948 347

Registration District No.

Primary Registration District No. **6172**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(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 Entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

(c) City or town Rural
(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 William Grant Carr

3. (b) If veteran, name war no

3. (c) Social Security No. 2

4. Sex m Color or race wh

5. Color or race wh

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife May Carr

6. (c) Age of husband or wife if alive Dead years 85

7. Birth date of deceased: (Month) Jan (Day) 25 (Year) 1865

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>2</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Benitt Clinton Carr

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Woods

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Chad Carr

(b) Address Salina Mo

17. (a) Burial (b) Date thereof 2-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Fair

18. (a) Signature of funeral director Everett J. Chestnut

(b) Address Salina Mo

19. (a) April 22, 1948 (b) Lena Murray - Hosp.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1948 hour 2 minute 10 AM

21. I hereby certify that I attended the deceased from 3-25-48
to 3-25-48, 19...
that I last saw him alive on 3-25-48
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration About 1 yr.

Due to

Due to

Other condition: Tuberculosis - lungs, Intestines, Kidneys.

Major findings:
Of operations

Of autopsy no

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury 2

Signature R. G. Parrish (M.D. or other) D.O.

Address Reeds Spring Mo Date signed April 20

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

14
0
10

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 548-585

Date Filed MAY 20 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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Everett J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Salina 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.