FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 14 1948

Registration District No. 12

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4256

State File No. 23401 Lowell

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XXX (Specify whether years, months or days)
In this community: 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Holden 0
(If outside city or town limits, write "RURAL")
(d) Street No.: XXXX
(If rural, give location)
(e) Citizen of foreign country? XXXX (Yes or No)
If yes, name country: XXXX

3. (a) PRINT FULL NAME: JEAN ANN CARNEY
3. (b) If veteran, name war: XXX
3. (c) Social Security No.: 495-01-5891

4. Sex: Female 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Samuel L. Carney
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: January 28, 1902 (Month) (Day) (Year)

8. AGE: Years 46 | Months 6 | Days 5 | If less than one day: XX hr. XX min.

9. Birthplace: Holden (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: XXXXX

MOTHER FATHER
12. Name: Elbert Eugene Cooter
13. Birthplace: Saline County, Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name: Mary Alice Cunningham
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Samuel L. Carney
(b) Address: Holden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden Cemetery
18. (a) Signature of funeral director: Canaday & Ropp
(b) Address: Holden, Missouri
19. (a) 8-9-48 (Date received local registrar) (b) Mrs H V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 2
year: 1948 hour: 7:45 minute: A. M.

21. I hereby certify that I attended the deceased from 7/1, 1948 to 8/2, 1948 that I last saw her alive on 8/1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute respiratory paralysis	Mos.
Due to: Metastatic carcinoma of brain (base)	1 yr.
Due to: Carcinoma of neck (left) glands	2 yrs.
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 59
Of autopsy: 50

PHYSICIAN
Underline the cause of 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 0

23. Signature: Paul Howell M.D. (M. D. or other)
Address: Holden Mo Date signed: 8/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.