

FILED SEP 2 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

State File No. 25403

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Cassville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barry County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community Nine Days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carl Morris Painter3. (b) If veteran, name war None 3. (c) Social Security No. 522-18-15-634. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Leona Painter 6. (c) Age of husband or wife if alive 28 years7. Birth date of deceased May 25 1913
(Month) (Day) (Year)8. AGE: Years 35 Months 2 Days 16 If less than one day hr. min.9. Birthplace Barry Co., Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business Same12. Name John Painter13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Carrie Noe15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant John Painter(b) Address Washburn, Mo. R#17. (a) Burial (b) Date thereof: Aug. 12-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Exeter, Mo.18. (a) Signature of funeral director Wm. Morris Payne(b) Address Wheaton, Missouri19. (a) Aug 16 - 1948 (b) Grace Williams
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washburn, Mo. R# 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 9 minute P. M.21. I hereby certify that I attended the deceased from Aug 2
1948 to Aug 10 1948
that I last saw him alive on Aug 10 1948
and that death occurred on the date and hour stated above.Immediate cause of death Uremia Duration 2 wks.Due to Nephritis, Chronic 4 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7/3/48

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) (c) Means of injury

23. Signature Edward Newman (M. D. or other)Address Cassville, Mo Date signed

RECEIVED
District Health Officer No. 6,
District File Number 848-973
Date Filed AUG 31 1948

OCT 24 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

W. Marie Rognie

Licensed Embalmer No. 2442

P.O. Address Wheaton, 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.