

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

43
39
36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25414**
Registrar's No. **43**

FILED SEP 4 1948

Registration District No. **15**

Primary Registration District No. **3004**

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Lamar**
(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 _____
(Specify whether years, months or days)
 In this community **64 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar**
(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 **SCOTT WINFIELD CARR**
 3. (b) If veteran, name war **None** 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 **Mary Alice Weakley Carr**
 6. (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **July 5 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **August** day **11**
 year **1948** hour **10** minute **00** A.M.
 21. I hereby certify that I attended the deceased from **August 1, 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.

8. AGE: Years **73** Months **2** Days **6**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Thrombosis**
 Due to **Old age**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Farmington, Iowa**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Retired Farmer**

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name **Peter C. Carr**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Caroline E. Weakley**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary A. Carr**
 (b) Address **Lamar, Missouri**
 17. (a) **Burial** (b) Date thereof **Aug 14 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lake Cemetery**

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? _____

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
 (b) Address **Lamar, Missouri**
 19. (a) **AUG 14 1948** (b) **Deje Konantz**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of Injury _____
 23. Signature **DR. Guldner** (M. D. or other) _____
 Address **LA MAR, Mo.** Date signed **8-14-48**

RECEIVED
District Health Officer No. 6;
District File Number 848-970
Date Filed AUG 31 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.....
Carl H. Conarty

Licensed Embalmer No..... 2247

P. O. Address..... Lamar, Missouri

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.