

FILED OCT 20 1948

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ray Willie Carney

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-18-4273

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilma Carney 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased December 25 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 9 6 _____ hr. _____ min.

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

10. Usual occupation Butcher

11. Industry or business _____

12. Name Frank B. Carney

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

14. Maiden name Mollie Hisaw

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

16. (a) Informant Mrs. Wilma Carney

(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 10-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Missouri

19. (a) 10/10/48 (b) R. H. Hammett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1948 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1948 to Oct 1 1948
that I last saw him alive on Oct 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Burns of entire body surface Duration Three

Due to _____

Due to _____

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) Accident

(b) Date of occurrence Oct 1, 1948

(c) Where did injury occur? Dexter Stoddard, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place (Meat Packing Plant)

While at work? Yes (e) Means of injury Steam boiler exploded

23. Signature A. D. Harrison (M. D. or other) MD

Address Poplar Bluff, Mo Date signed 10-9-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 10-46-1356

Date Filed 10-19-48

NOV 2 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 _____

Licensed Embalmer No. 3479

P. O. Address Wester, Md

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.