

FILED OCT 23 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3008

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1005 Nichols  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Samuel E Carrington  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Mary Ella Carrington 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Aug 10 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	1	29	hr. min.

9. Birthplace Callaway Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name DK 9  
13. Birthplace DK 9  
(City, town, or county) (State or foreign country)  
14. Maiden name DK  
15. Birthplace DK 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Carrington  
(b) Address Jefferson City, Mo.

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

(c) Place: burial or cremation U. B. Cemetery

18. (a) Signature of funeral director Wallace Funeral Home  
(b) Address Fulton, Mo.

19. (a) 10-10-1948 (b) Jesse Moushoffs  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14  
(c) City or town Fulton 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Nichols  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9  
year 1948 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from 24, 1947 to 10-6, 1948  
that I last saw him alive on 10-6, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Pericarditis  
Myocarditis  
Arterio-sclerosis  
Age  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Inflammation of gall bladder  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 10/10

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? \_\_\_\_\_ (c) Means of injury D  
Signature W D Payne (M. D. \_\_\_\_\_)  
Address R # 6 Fulton Date signed 10-9-48

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

DATE ISSUED  
OCT 22 1948  
STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS

**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 Wenzel C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton 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.**