No. 300
I—10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4052

State File No. 35749

Registrar's No. 1230

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Agency Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Delivery
(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: Lifetime

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

3. (a) PRINT FULL NAME: JOHN CARR
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: March (Month) 6, (Day) 1882 (Year)

8. AGE: Years 66 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Agency (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Machine operator & mechani
11. Industry or business: Buchanan County

FATHER
12. Name: Thomas Carr
13. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: Emma Bell
15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. Pauline Henderson (dau)
(b) Address: Atchison, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Agency, Missouri
18. (a) Signature of funeral director: John E. Cupp
(b) Address: 6054 Pryor Ave., St. Joseph, Mo.
19. (a) 11-19-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17, year 1948 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from July 1st, 1948 to Nov 17th, 1948 that I last saw him alive on Nov 16th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary ~~Embolism~~ Occlusion B.W.T.

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings:
Of operations: yes
Of autopsy ____

Duration

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) ____
(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 ____
23. Signature: B. W. Tadlock (M. D. or other)
Address: King Hill Bldg., St. Joseph, Mo. Date signed 11/18/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1949

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 Grandal R. Stabe, Registered Apprentice No. 213, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.