

No. 2  
-1/47  
5-17-39

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 13 1948

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **37185**  
Registrar's No. **45**

Registration District No. **16** Primary Registration District No. **4256**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Holden**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **So Niagara**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **83 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Holden**  
(If outside city or town limits, write "RURAL")

(d) Street No. **So Niagara**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ROBERT LEE CARNEY**

3. (b) If veteran, name war

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** Color or race **W**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Elizabeth Carney**

6. (c) Age of husband or wife if alive **decd** years

7. Birth date of deceased **Sept 23 1963**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **6**  
If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace **Memphis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Farmer**

12. Name **Washington Carney**

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

14. Maiden name **Elizabeth Ferguson**

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

16. (a) Informant **Mrs R O Smith**

(b) Address **Holden Mo**

17. (a) **Burial** (b) Date thereof **12-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden Mo**

18. (a) Signature of funeral director **Conrad May**

(b) Address **Holden Mo**

19. (a) **Dec 3 1948** (b) **Mrs B V Redford**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
year **1948** hour **8:50** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 12**, 19**48** to **Nov 29**, 19**48**  
that I last saw him alive on **Nov 29**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Gen Arteriosclerosis**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **9375**

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 **Kelly Rawlins** (M. D. or other) \_\_\_\_\_  
**Holden Mo** Address \_\_\_\_\_ Date signed **12/1/48**

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

MOTHER FATHER

---

---

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. 279  
working under my personal supervision.

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Halder, 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.