

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 37961
10268
 Registrar's No. _____

FILED DEC 8 1948 318
 Registration District No. _____

Primary Registration District No. 100's

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 1934

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute City Hospital 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State New Mexico (b) County Colfax
 (c) City or town Raton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
NR, (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Stanley Carson
 (b) If veteran, name war World War II
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Nov. day 23
 year 1948 hour _____ 6 minutes 57 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 3
 6. (a) Single, widowed, married, divorced Divorced
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 11 1909
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to Labor Premon
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
39 0 12 hr. _____ min. _____

Duration _____
 Physician _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Des Moines N. Mexico
 (City, town, or county) (State or foreign country)

10. Usual occupation Foreman
 11. Industry or business Laundry

12. Name George W. Carson
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Amelia Abel
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Clyde W. Carson
 (b) Address 211 E. Houghton St., Sante Fe, N.M.
 17. (a) Removal (b) Date thereof 11/25/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raton, New Mexico
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 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?
 While at work _____ (Specify type of place)
 (e) Means of injury 3
 23. _____ (M. D. or other)
 Address _____ Date signed 11/25/48

19. (a) Nov 26 1948 (b) J. B. Lester
 (Date received local registration) (Registrar's signature)

DEC 23 1949

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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.....

Francis J. McNeil

Licensed Embalmer No.....

10268

P. O. Address.....

St. Louis, 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.