S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

La Marice

State File No. 40710

Registration District No. 184 Primary Registration District No. 5687 Registrar's No. 110

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Bfld Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield Township
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME RALPH ARTHUR CARR
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Fannie Carr
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept (Month) 5 (Day) 1892 (Year)

8. AGE: Years 56 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Linn Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Sam Carr
13. Birthplace DK (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Fannie Johnson
15. Birthplace Mendon (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Fannie Carr
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 12/24/48 (Date received local registrar) (b) Walter Irwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 18, 1948, to Dec 20, 1948, that I last saw him alive on Dec 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Lobular pneumonia	3 days
Due to Cause unknown	
Due to	
Other conditions Cardiac hypertrophy (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 108	

PHYSICIAN
Underline the cause of 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 2
23. Signature Wm F La Marice (M. D. or other) Do.
Address Brookfield Mo Date signed 12-21-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 27 1952

JUL 17 1950

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: J. R. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.