

FILED FEB 21 1949

Registration District No. 3-8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4270

Primary Registration District No. 5-214

Registrar's No.

1. PLACE OF DEATH:

(a) County CARTER
 (b) City or town ELLISINORE Rural, J.T.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
 In this community 62 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANISE CATERINE CARNAHAN

3. (b) If veteran,
 name war ✓

3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife T. A. CARNAHAN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JAN 29 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 24 hr. ✓ min.

9. Birthplace CARTER CO. MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK11. Industry or business HOME12. Name JASPER GANDARY13. Birthplace UNKNOWN14. Maiden name CATHERINE M. JENSEN15. Birthplace UNKNOWN16. (a) Informant T. A. Carnahan(b) Address Ellisnore

17. (a) BURIAL (b) Date thereof JAN 26 1949
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARSON HILL(a) Signature of funeral director Thomas W. Dick(b) Address Shelburne, Mo.

19. Feb 10 - 1949 Mrs. Peter Henson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARTER
 (c) City or town ELLISINORE
 (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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23
 year 1949 hour ✓ minute 10 A.

21. I hereby certify that I attended the deceased from
Jan. 20, 1949 to Jan. 23, 1949
 that I last saw him alive on Jan. 22, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Gen. Arteriosclerosis. Hypertension Cor. Lys.

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations ✓

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. H. Cotton (M. D. or other)Address Ward Burren Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-14-49
District Health Officer No. 5,
District File Number 249144
Date Filed 2-14-49

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.....

The....., Registered Apprentice No.....
working under my personal supervision.

Signed Marvin E. Barmer

Licensed Embalmer No. 4426

P. O. Address. Piedmont, Va

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.