

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37868

No. 300
10-48

FILED DEC 12 1949

State File No.

REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 249

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>249</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>8 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline, Mo.</u>		5-8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				d. STREET ADDRESS (If rural, give location) <u>206 E. Gracia</u>			
3. NAME OF DECEASED (Type or Print) <u>Linn Boyd Carr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4, 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 15, 1949</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR <u>0</u> Months		IF UNDER 1 YEAR <u>19</u> Days		IF UNDER 24 HRS. <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired merchat.</u>		11. BIRTHPLACE (State or foreign country) <u>Bosworth Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Thomas J. Carr</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Etta G. Carr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-22-4094</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Minich, Marceline, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hepatitis & Acute Splenic Anemia</u> b. <u>110 gm of liver</u> c. <u>Aplastic Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2924</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Sept. 1945</u> , to <u>Dec 4, 1949</u> , that I last saw the deceased alive on <u>Dec 4, 1949</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dorothy W. Somers</u> (Degree or title)				23b. ADDRESS <u>Marceline Mo 12-649</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/6/1949</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>		408 FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>		ADDRESS <u>Marceline, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



VS APR 16 1959

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.