

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29027  
Do not use this space.

REC'D SEP 23 1938

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township Leesville Primary Registration District No. 5501A Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Edward Carleton 643  
 (a) Residence, No. Clinton P.R. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Carleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 1870

7. AGE YEARS 68 MONTHS 0 DAYS 2 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as saw ~~mill~~ bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Leesville Henry Co Mo

FATHER 13. NAME James Carleton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Isabelle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) W.P. Carleton  
Leesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tebo cem DATE 8/9 1938

19. FUNERAL DIRECTOR (ADDRESS) Cornelius Beck  
Clinton Mo

20. FILED 8-20 1938 Dr J R Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 or 8 1938

22. I HEREBY CERTIFY, That deceased attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1938  
 I last saw him alive on Aug 8 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Found dead, death apparently due to natural causes probably cardiac failure Aug 8  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 210 H

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? examined Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury none  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) S B Hughes H, M. D.  
Cornelius Beck Clinton Mo

RECEIVED

District Health Officer No. 7

District File Number 7-38-69

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I, Merrill Dale Snow, Licensed Embalmer No. 4034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Merrill Dale Snow

L. E.

No. 4034 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Merrill Dale Snow

Licensed Embalmer No. 4034

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.)