

WRITE FULLY - USE CONTRASTING BLACK INK - MAKE A PERMANENT RECORD

1 X 1951

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10827

ED APR 10 1941

Registration District No. 379

Primary Registration District No.

4223 5599

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural - Charleston
(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
years, months or days)

3. (a) PRINT FULL NAME OWEN CARMACK
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Carmack
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 1 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 28
If less than one day hr. min.

9. Birthplace Sullivan Co Mo A
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business
MOTHER FATHER { 12. Name Wm Carmack
13. Birthplace Indiana I
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Fanning
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annie Carmack
(b) Address Fayette, Mo
17. (a) Burial (b) Date thereof Mar 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Baker Cem. Sullivan Co. Mo
18. (a) Signature of funeral director K.P.M. Caray
(b) Address Glasgow, Mo
19. (a) March 29 1941 (b) J.W. Gardner M.D.
(Date received local registrar) (C.K. (Registrar's signature))

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1941 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from March 15, 1941, to March 28, 1941
that I last saw him alive on March 28, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Heart my or aorta Duration

Due to 92W
Due to 92W
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Underline the cause to 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?
346 (Specify type of place)
While at work? (e) Means of injury
23. Signature W.B. Hilph (M. D. or other)
Address Chicago Date signed

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-71

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 K.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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, above space should be left blank.