

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 504

Primary Registration District No. 4307

Registrar's No. 2

1. PLACE OF DEATH:

(a) County... Linn
(b) City or town... Purdin, Mo.
(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 _____ (years, months or days)

3. (a) PRINT FULL NAME Robert William Carney

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife... Ora Anna Carney 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased... Dec 19 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Purdin, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name William Harrison Carney

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Ora Anna Carney

15. Birthplace Baltimore, Maryland (City, town, or county) (State or foreign country)

16. (a) Informant R. Carney

(b) Address Mulan, Mo.

17. (a) Burial (b) Date thereof 1-27-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin, Mo.

18. (a) Signature of funeral director W. R. Carney

(b) Address Mulan, Mo.

19. (a) Jan-27-42 (b) U. C. Wyden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Purdin (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1942 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 3 1935 to January 25 1942

that I last saw him alive on January 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration _____

Due to Chronic Arterial Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 102

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) (e) Means of injury 2

23. Signature Gilbert H. Kroyer (M. D. or other) MD

Address Purdin, Mo Date signed 1/27/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *Not Embalmed* ~~embalmed~~ by me, or by.....

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

Signed.....

Lester C. Riggins

Licensed Embalmer No. *3292*

P. O. Address *Milan, 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.