

Registration District No. 137 Primary Registration District No. 4217

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Wrich  
(c) Name of hospital or institution ✓  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 1 (Specify whether) ✓  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County HENRY  
(c) City or town Wrich 42  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. ✓ (If rural, give location) 0  
(e) Citizen of foreign country? ✓ (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME John Braxton Carnell  
3. (b) If veteran name war  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 22 year 1944 hour 7 minute 00 PM  
21. I hereby certify that I attended the deceased from June 6 1944 to June 23 1944  
that I last saw him alive on June 22 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 4-14-1844 (Month) (Day) (Year)

Immediate cause of death Chronic Nephritis  
Due to Cardio-Renal Disease 2 yrs

8. AGE: Years 90 Months 7 Days 8 If less than one day hr. min.

Due to Senility

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

Other conditions (Include pregnancy within 3 months of death) 1312

10. Usual occupation Farmer

11. Industry or business Braxton Carnell

12. Name  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Baker  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Pressie Haney

(b) Address Wrich, Mo

17. (a) Burial (b) Date thereof 6-25-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norris Cem  
18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo  
19. (a) June 25 1944 Georgia Kitcher (Date received local registrar) (Registrar's signature)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
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?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature J. S. McDougal (M. D. or other)  
Address Wrich, Mo Date signed June 23 1944

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

MOTHER FATHER

1064

Wrich Mo.

RECEIVED

District Health Officer No. 7,

District File Number

6-44-827

Date Filed

7-12-44

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

*Fred W. McKinnon*

Licensed Embalmer No.

2478

P.O. Address

*Clinton MA*

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.