

No. 2  
5-42  
17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38726**

FILED DEC 8 1943  
Registration District No. **81942**

Primary Registration District No. **3046**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 3.5 year

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Carr

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 divorced

6. (b) Name of husband or wife Dont know

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 28 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>84</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.
-----------	----------	----------	----------------------

9. Birthplace N.Y.I  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Dont know

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

14. Maiden name Dont know

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

16. (a) Informant Alman Hill

(b) Address California mo

17. (a) Burial (b) Date thereof 12/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Spring

18. (a) Signature of funeral director William H. Friedman

(b) Address California mo

19. (a) 12-3-43 (b) Agallie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1943 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 11-29, 1943, to 12-1, 1943, that I last saw him alive on 12-1, 1943, and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Bronchitis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 106c

Of operations \_\_\_\_\_

Of autopsy no

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) L

(b) Date of occurrence L

(c) Where did injury occur? L  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

While at work? L (Specify type of place)

(e) Means of injury L

23. Signature H.R. Popsy (M. D. or other) o

Address California mo Date signed 12-3-43

---

---

**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.....

*Hugh E. Williams*

Licensed Embalmer No.....

*3537*

P. O. Address.....

*California 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.**