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3-40  
39  
C231

**1940**  
OCT 12 1940

Registration District No. 735

Primary Registration District No. 3010

Registrar's No. 83

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

1. PLACE OF DEATH Carrollton

(a) County Carrollton

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

(c) Name of hospital or institution South Side Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours  
(Specify whether)

In this community 21 yrs.  
years, months or days

3. (a) PRINT FULL NAME Charles Emmet Cary

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 Della S. Cary 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased September 8 1940  
(Month) (Day) (Year)

8. AGE: Years 21 Months 5 Days 27 If less than one day  
hr. min.

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

10. Usual occupation Laborer

11. Industry or business Robert N. Cary

12. Name Robert N. Cary

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

14. Maiden name Nannie E. Burton

15. Birthplace Buchanan Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert N. Cary

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 9 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Willis-Marshall

(b) Address Carrollton, Mo.

19. (a) 9-9-40 (b) W. H. Haskins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Carrollton  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8  
year 1940 hour 6.30 p.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9-8-1940, 19\_\_\_\_, to 9-8-1940, 19\_\_\_\_; that I last saw him alive on 9-8-1940, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental discharge of a shot gun in the Abdomen

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

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

Other conditions 184  
(Include pregnancy within 3 months of death) 37

Major findings: Of operations

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-8-1940

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On the Chester White Farm  
(Specify type of place)

While at work? Hunting (e) Means of injury \_\_\_\_\_

23. Signature R. W. Benson (M. D. or O. P.) \_\_\_\_\_  
Address Carrollton Mo Date signed 9/9/40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed  
10-4-40

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

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton, N.C.

**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.**