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7-39
3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22449

State File No.

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 _____)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(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 _____

3. (a) PRINT FULL NAME EDGAR THOMAS CARY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from 7-14-48 _____, 1948, to 7-22 _____, 1948;
that I last saw him alive on July 22 _____, 1948;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Anna Cary 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan 17 1873
(Month) (Day) (Year)

Immediate cause of death My postatis
Pneumonia

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

75 6 8 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Robert Cary 9

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

14. Maiden name Nancy Courts

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

16. (a) Informant Mrs. Edgar Cary

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Stanley J. Gibson

(b) Address Carrollton Mo

19. (a) 7/27/48 (b) Mr. Herbert Colje
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

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 _____

23. Signature W.S. Atwood (M. D. or other) _____

Address Carrollton Mo Date signed 7/26/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Health Officer No. 8.

State of Missouri

No. Filed 8-12-48

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 Clifford W. Austin
Licensed Embalmer No. 3233
P. O. Address Texas, Missouri

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.