

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38391

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 107

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: South Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community years, months or days) 1

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. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME

John F. Cary

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Aras Cary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 16 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Cary
13. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Walker
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Father Cary
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 12 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gilbert Cemetery

18. (a) Signature of funeral director W. H. Marshall
(b) Address Carrollton Mo

19. (a) 12-3-1940 (b) John Haskins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 1940 hour 11:30 minute AM

21. I hereby certify that I attended the deceased from Oct 20
to Nov 30, 1940,
that I last saw him alive on Nov 30, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Prostate
Duration _____

Due to _____
Due to _____

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

Major findings: 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) _____
(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? _____

130 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Marshall (M. D. or other) _____
Address Carrollton Mo Date signed 12-3-40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-70

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 myself

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

Signed R. M. Marshall

Licensed Embalmer No. 2535

P. O. Address Camden, 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, above space should be left blank.