DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39245

DEC 13 1939

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 132

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: Scovern Hospital
(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) In this community

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) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert M. Cary
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice Harper Cary
6. (c) Age of husband or wife if alive years Dead
7. Birth date of deceased (Month) Oct (Day) 10 (Year) 1855

8. AGE: Years 83 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Ky
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant's signature Mrs Ed Conover
(b) Address Carrollton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Milton Standley
(b) Address Carrollton Mo
19. (a) 11-6-1939 (Date received local registrar) (b) Ruth Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/1/39 day year hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 11/1/39, 19 to 11/6/39, 19; that I last saw h alive on 11/6/39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Cardio Vascular Disease	
Due to	
Due to	1/2 hr
Other conditions (Include pregnancy within 3 months of death)	
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 W. R. Conover (M. D. or other) M D
Address Carrollton Mo Date signed 11/6/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I x19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/39

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..... Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Miss

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.