# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

FILED APR 10 1939

11222
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson — Registration District No. 420
(b) Township De Soto — Primary Registration District No. 3022 — Registered No. 15
(c) City De Soto (d) Street No. 222 W. MILLER St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred / yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES A. CARRON
(a) Residence, No. 222 W. MILLER St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1865
7. AGE — Years: 73 — Months: 8 — Days: — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Mo

FATHER
13. NAME: Anton Carron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Von Lemcron

17. INFORMANT (ADDRESS): C. R. Grundmeyer De Soto Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomsdale DATE Mar 4 1939

19. FUNERAL DIRECTOR (ADDRESS): Conrad L. Mahn De Soto Mo.

20. FILED 4-5 1939 Geneva Donnell Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/26 1939 to March 2 1939
I last saw h... alive on 2/26 1939 Death is said to have occurred on the date stated above, at 9:00 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Senial arteriosclerosis ?

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas C. Fuller, M. D.
(Address) De Soto Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

BDM-10-37 I X12004

**STATEMENT BY LICENSED EMBALMER**

I, Daniel J. Mahn, Licensed Embalmer No. 3783

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Daniel J. Mahn

Licensed Embalmer No. 3783

**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.)**