

JAN 5 1948

CERTIFICATE OF DEATH

27123

I. PLACE OF DEATH:

(a) County Weldon
 (b) Township _____
 (If in town limits, leave blank)
 (c) City or town Weldon
 (If outside city or town limits, write RURAL.)
 (d) Street, hospital or institution _____
 (e) Length of stay in hospital or institution _____
 (Yrs., mos., or days)
 In this community 7 years
 (Yrs., mos., or days)

Registration Dist. No. 42-52 Certificate No. 23

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. C. (b) County Weldon
 (c) City or town Weldon, N.C.
 (d) Street or R.F.D. 209 Lyman
 (e) Is place of residence in corporate limits? yes
 (f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME

Everette Anson Carr186-B3(b) If veteran,
name war

3(c) Social Security

No. 239-22-4882

MEDICAL CERTIFICATION

Sex Male 5. Color or race White
 (a) Single, married, widowed,
 or divorced Married
 (b) Name of husband or wife Mary Mae McClammy
 (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased Aug. 13, 1909
 (month, day and year)

20. Date of death 12-26-1947, at 4 P M

21. I certify that death occurred on the date above stated; that I attended
 deceased from 12-26 1947 to 12-26 1947,
 and that I last saw him alive on Jan 27 1947

Immediate cause of death

Duration

8. AGE: Years 38 Months _____ Days _____
 If less than one day
 hrs. _____ mins. _____

9. Birthplace Weldon Township, Sampson Co., N.C.
 (City, town or county), (State or foreign country)

Due to fractured skull
crushed by falling
 Due to brick wall.

10. Usual occupation Mechanic
 11. Industry or business Sound Motors Co.

Other conditions

(Include pregnancy within 3 months of death)

Physician

12. Name George William Carr

Underline the cause to which

13. Birthplace Sampson County, N. C.Ma. or findings:
Of operationsdeath should
be charged
statistically.14. Maiden Name Minnie Jones15. Birthplace Sampson County, N.C.

Of autopsy

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

6(a) Informant's Signature Mrs. Della Jones McClammy(a) Accident, suicide or homicide (specify) Accident(b) Address 303-2nd St. Weldon, N.C.(b) Date of occurrence Dec 26, 194717(a) Burial (b) Date thereof 12-28-47
(Burial, cremation or removal) (Month, day, year)(c) Where did injury occur? Weldon, Halifax Co.
(City or town) (County) (State)(c) Cemetery Cedarwood, Weldon, N.C.(d) Did injury occur about home, on farm, in industrial place, in a public
place? fighting fire
(Specify type of place)(d) Location Weldon, N.C.(e) While at work? yes(e) Funeral director Howe Funeral Home(e) Means of injury fractured skull(a) 12/27/47 Filed (b) Mrs. H. G. Rowe23. Signature H. G. Rowe Registrar
Address H. Rowe Date signed 1/27/47overReg. Mrs. H. G. Rowe

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS—
Please write the causes of death clearly and legibly.