JAN 22 1929

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

Do not use this space.

39807

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Peculiar — Primary Registration District No. 5220 — Registered No. 74
City (No. St. Ward)

2. FULL NAME Mary Carter
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~Wid~~ Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 28 - ~~1926~~ 1928

7. AGE: Years 50 — Months 0 — Days 26 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Occupant of Co Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

PARENTS
10. NAME OF FATHER: Henry Auftengarten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: Mrs W R Shelton
(Address): Harrisonville Mo

15. FILED Dec 24, 1928 D S Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 24, 1928 that I last saw her alive on Dec 23, 1928, and that death occurred, on the date stated above, at 11:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. G. May, M. D
, 19 (Address) Harrisonville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Orient Cemetery — DATE OF BURIAL: 12/25 1928

20. UNDERTAKER: Runnenburger Bros & Co — ADDRESS: Harrisonville Mo

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.