

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUL 15 1938

21591  
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165  
 (b) Township East Washington Primary Registration District No. 5234  
 (c) City Caplinger Mills (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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.

Registered No. 74

2. PRINT FULL NAME William Harvey Carter

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luna Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
78 2 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Benjamin Franklin Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Martha Jane Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Lester Bentley Caplinger mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger DATE July 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. DAVIS & CO. Stockton, Mo.

20. FILED July 15 1938 Mrs. J. G. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

22. I HEREBY CERTIFY That I attended deceased from June 30, 1938, to July 10, 1938  
 I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset \_\_\_\_\_  
8261

Other contributory causes of importance: \_\_\_\_\_

Name of operation none 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) J. H. LePore, M. D.  
151 (Address) Stockton, Mo.

**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, .....

Melvin Church .....

or by .....

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

Signed.....

Licensed Embalmer No.....3272.....

P. O. Address.....Stockton, 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.**