

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.

SEP 13 1938

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

Do not use this space.

27865

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Rau Primary Registration District No. 1007  
City San city (No. 734 St. Blvd.) St. Ward

File No. ....  
Registered No. 3176  
St. .... Ward

2. FULL NAME

Craig Morrow Carter  
(a) Residence, No. 918 - West 24 St., ..... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1867

7. AGE YEARS 71 MONTHS 6 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, 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) Wes Sumner Mo.

13. NAME Joseph & Carter

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

15. MAIDEN NAME Virginia Morrow

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

17. INFORMANT Mrs. Mary Bury (ADDRESS) 3205 East 31st

18. BURIAL, CREMATION, OR REMOVAL PLACE Wes Sumner DATE 8/13

19. UNDERTAKER Langford Funeral Home (ADDRESS) Wes Sumner

20. FILED Aug 10 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw the deceased on ..... Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic aortic rupture of the aorta  
hemopericardium

Other contributory causes of importance: 96

Name of operation ..... Date of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? U

If so, specify .....

(Signed) W. H. Carter M. D.

(Address) Wes Sumner; H. C. Ave

