

REC'D SEP 16 1938

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

28163
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 34001 Registered No. 152
(c) City Kirkville (d) Street No. Wm. Smith Hospital 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 Ellie May Carter

(a) Residence, No. _____ St. Towning Mo
(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 F 4. COLOR OR RACE Wh 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) 8-27-1878

7. AGE YEARS 60 MONTHS 0 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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) Schuyler Co Mo

FATHER 13. NAME Jesse Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky

MOTHER 15. MAIDEN NAME Elzira Semster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky

17. INFORMANT (ADDRESS) Emma Carter

18. BURIAL, CREMATION, OR REMOVAL PLACE Queencity DATE Aug 30 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm of West
Queencity Mo

20. FILED Aug 27 1938 Spencer L Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1938 to Aug 28 1938
I last saw her alive on Aug 28 1938. Death is said to have occurred on the date stated above, at 8:20 p
The principal cause of death and related causes of importance were as follows:

Myocardial disease Date of onset 7
(Chronic myocarditis)
93C

Other contributory causes of importance: Primer abdominal T
Unknown as to malignancy

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) E. S. Smith M. D.
(Address) Kirkville 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-59

Date Filed 9/14/38

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, my self

ONM G. West licensed 2882, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.