

DEPT MAR 13 1939

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

5989
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 627 Registered No. 200
Green Street
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Steven Carter
 (a) Residence, No. 627 Green, St. Joseph, Mo. St.
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Railroad
 9. Industry or business in which work was done, as saw mill, bank, etc. Man
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Illinois

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. Donald Carter
 (ADDRESS) 627 Green, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery March 2, 1939

19. FUNERAL DIRECTOR Walter Meisshofer
 (ADDRESS) 1302 Paragon St., St. Joseph

20. FILED March 1, 1939 H. J. Nestlebrink
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to Feb. 27, 1939

I last saw him alive on Feb. 27, 1939. Death is said

to have occurred on the date stated above, at 7:15 P.m.

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

Cerebral Hemorrhage

Date of onset 2.25.39

J. H. H.

Other contributory causes of importance:

Hypertensive Pneumonia

2.26.39

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? No 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) Albert H. Muench, M. D.

(Address) Phys. & Surg. Bldg.

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.

11/5/7

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. Mo. 3946

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.)