

REC'D JUN 20 1939

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

18416  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 203  
(b) Township Platte Primary Registration District No. 5281 Registered No. 13  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

636 Elvora 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Carter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-16-1897</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>6</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housekeeping</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	13. NAME <u>William Harris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Carter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>John Carter</u> <u>Southside Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Int O'Connell Co.</u> DATE <u>May 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. Hill</u> <u>Deathey Mo.</u>		
20. FILED <u>5/20 1939</u> <u>Ed. C. Hill</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10 1939 to May 20 1939  
I last saw her alive on May 20 1939. Death is said to have occurred on the date stated above, at 5:05 a.m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of lungs  
chronic  
72

Date of onset \_\_\_\_\_

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam 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. W. Hill, M. D.  
1939 (Address) Southside Mo. 12-2

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. 8,  
District File Number 6/2/39  
Date Filed

**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, or by \_\_\_\_\_

*Jay L Martin*, Registered Apprentice No. 860  
working under my personal supervision.

Signed *Jay L Martin*  
Licensed Embalmer No. 860  
P. O. Address Plattsmouth

**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.**