

REC'D JUN 15 1939

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

19414
Do not use this space.

1. PLACE OF DEATH
 (a) County Missouri Registration District No. 653
 (b) Township Hayti Primary Registration District No. 5864
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 6:35 Jennie 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 F 4. COLOR OR RACE W 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) 8-4-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 17
 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. _____
 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) Hardin Co. Tenn
 FATHER 13. NAME Josias Carter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co. Tenn
 MOTHER 15. MAIDEN NAME Bettie Crisie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co. Tenn
 17. INFORMANT (ADDRESS) J. H. Buchanan
Hayti, Mo.
 18. BURIAL CREMATION, OR REMOVAL PLACE Wichita, Mo. DATE 5-22
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay and Co.
Hayti, Mo.
 20. FILED May 21 1939 J. W. Chiles
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5-4-1939, to 5-21-1939
 I last saw her alive on 5-21-1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
malonia chronic
typhletic acuti
132H
 Date of onset 1938
4-1-39
 Other contributory causes of importance:
Secondary anemia 1939
 Name of operation Pol Date of _____
 What test confirmed diagnosis? S.T.S 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) A. H. Shrey _____, M. D.
Hayti, Mo.
586 (Address)

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.

STATEMENT BY LICENSED EMBALMER
CONTROLLED BY THE BOARD OF HEALTH
HEALTH DEPARTMENT

RECEIVED

District Health Officer No. 3,

District File Number 29-37-9

Date Filed 6/10/39

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

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.