

REC'D AUG 7 1939

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

24618  
Do not use this space.  
2831

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1007  
(c) City Jackson City (d) Street No. 7131 Prospect Registered No. \_\_\_\_\_  
(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 Alice M. Carter  
(a) Residence, No. 7131 Prospect 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jno. W. Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-64

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 9 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Ky

FATHER 13. NAME Alvin Carter  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

MOTHER 15. MAIDEN NAME ALICE M. ELLEDGE  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) P. Billie M. Haworth  
7131 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Brouillette DATE July 15, 1939

19. FUNERAL DIRECTOR (ADDRESS) Eyles Funeral Home  
St. C. Mo.

20. FILED July 14 1939 M. M. Grove  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13-1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to July 13, 1939  
I last saw her alive on 7-13-1939 Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:  
Infarction  
of Aorta  
malnutrition - due to  
improper diet  
Other contributory causes of importance:  
High temperature  
extreme heat

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 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? \_\_\_\_\_, specify \_\_\_\_\_  
(Signed) D. B. Haworth M. D.  
(Address) 7131 Prospect

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

I, Chas Wills, Licensed Embalmer No. 2644

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 Chas Wills  
Licensed Embalmer No. 2640

**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.)**