

061 9 1939

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

32142  
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165  
(b) Township Washington Primary Registration District No. 5294  
(c) City Stockton (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 JACOB 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia E. Carter

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1939, to Sept. 9, 1939  
I last saw him alive on Aug. 30, 1939, at 7:00 p.m. Death is said to have occurred on the date stated above, at 7:00 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb., 9-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 7 0

Cancer of stomach Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
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) 1919 11. Total time (years) spent in this occupation 45

Other contributory causes of importance: Hb

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER 13. NAME Benjamin Carter

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Martha E. Chamberlin

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caplinger DATE 9/11/39, 19\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) W.C. DAVIS & CO. (ADDRESS) Stockton Missouri.

24. Was disease or injury in any way related to occupation of deceased? MA  
If so, specify \_\_\_\_\_ (Signed) J. H. [Signature], M. D.

20. FILED Sept 13, 1939 Mrs. Minnie [Signature] Local Registrar. 535 (Address) Stockton Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

Melvin Church....., Registered Apprentice No.....

working under my personal supervision.

Signed Melvin Church.....

Licensed Embalmer No. 3272.....

P. O. Address Stockton, N.J......

**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.**