

10601
259

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 164

Primary Registration District No. 5229

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town JERICHO SPRINGS MO
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution no
In this community all life most (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CEDAR
(c) City or town JERICHO SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME AMOS CARTER

3. (b) If veteran, name war -
3. (c) Social Security No. 048-AGE-5ST 208

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife EMMA 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased AUG 23-1862
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 8
If less than one day hr. min.

9. Birthplace Gentry Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

12. Name JOE CARTER

13. Birthplace Gentry Co MO
(City, town, or county) (State or foreign country)

14. Maiden name SARAH HURSON

15. Birthplace Gentry Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Carter

(b) Address Hastings Iowa

17. (a) Burial (b) Date thereof 3-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CEADAR CO MO

18. (a) Signature of funeral director THOMAS DENNEY

(b) Address JERICHO SPRINGS MO

19. (a) 3-5-40 (b) Thomas Denney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1940 hour 2-10 minute M.

21. I hereby certify that I attended the deceased from 10/18/39, 19 , to 3/1/40, 19 ;
that I last saw him alive on 3/1/40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 10/18/39

Due to Chronic Endocarditis

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature John Bernhardt (M. D. or other) DO
Address JERICHO SPRINGS, MO. Date signed 3/2/40

Duration 4 days
PHYSICIAN
Underline the cause to which death should be charged statistically

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number H-40-615
H-9-40

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 not

opmiller, Registered Apprentice No. _____
working under my personal supervision.

Signed opmiller
Licensed Embalmer No. 1908
P. O. Address JERICHO STS

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.