

JUN 20 1940

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell  
 (b) City or town West Plains  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 611 Webster Ave 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No.  
 (Specify whether \_\_\_\_\_)  
 In this community 72 years  
 years, months or days)

8. (a) PRINT FULL NAME George Harrison Carter  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mary Rankin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 19 1850  
 (Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harrisburg Pa.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Informant's name Samuel Carter

12. Name Auburn Pa.

13. Birthplace \_\_\_\_\_

14. Maiden name Dorcas

15. Birthplace Union Pa.

16. (a) Informant's own signature Mrs. Ethel Carter

(b) Address West Plains, Mo. 611 Webster Ave.

17. (a) Burial (b) Date thereof Apr. 21, 1940  
 (Burial, cremation, or removal) Oak Lawn Cem. (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director W. H. Ploumbergh

(b) Address West Plains, Mo.

19. (a) 4-21-40 (b) Vida W. SIMONS  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town West Plains  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 611 Webster  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
 year 1940 hour 6 minute 10 A. M.

21. I hereby certify that I attended the deceased from 10-21-39 to 4-20-40, 1940;  
 that I last saw him alive on 4-20-40, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis  
Hemiplegia Rt  
 Duration 5 days

Due to \_\_\_\_\_

Due to arteriosclerosis

Other conditions Senility  
 (Includes 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?  
3411

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. B. Cohen (M. D. or other) 1 mo

Address West Plains, Mo Date signed 4-27-40

WHILE FILLING IN—USE UNFADING 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

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.~~

RECEIVED

District Health Officer No. 5,

State File Number 640 629

Date Filed 6640

Signed

*Hal Thomburg*

Licensed Embalmer No. 3408

P. O. Address

*West Plains, Mo*

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.