

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22471

State File No. _____

Registration District No. 651

Primary Registration District No. 4385

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jennison
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 107 E 14th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 38 or 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennison
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 107 E 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 12 minute 40 P.
21. I hereby certify that I attended the deceased from Dec 29 to June 17, 1940
that I last saw him alive on June 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema & h/o
Due to: Chx interstitial nephritis & h/o

Other conditions: 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

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?
505
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Caruthersville Mo Date signed 6/17/40

5. (a) PRINT FULL NAME WALTER CARTER

8. (b) If veteran, name war X none 8. (c) Social Security No none

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Attie Carter 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 17, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Lake County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Loranza W. Carter

13. Birthplace Jennison
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Field

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Attie Carter
(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof 6/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director [Signature]
(b) Address Caruthersville, Mo
19. (a) July 5, 1940 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8
2
1

7-40-29

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

J. W. Kharimon

Licensed Embalmer No. 4086

P. O. Address Cantonsville, Ma.

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.