

1940 AUG 16 1940
Registration District No. 277

Primary Registration District No. 5611

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

1. PLACE OF DEATH: Laclede Co

(a) County. Laclede Co

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Smith Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life _____
years, months or days 6 3 10

3. (a) PRINT FULL NAME ELVIS CARTER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie Carter

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Feb 28 - 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Haylesden Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alfred Carter

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

14. Maiden name Lacey Mayfield

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

16. (a) Informant Alfred Carter

(b) Address Richland - Mo

17. (a) Burial (b) Date thereof 7/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haylesden Mo

18. (a) Signature of funeral director R. D. Seeger

(b) Address Richland Mo

19. (a) 7-15-1940 (b) W. G. Carlton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Richland Roub. Co.
(If outside city or town limits, write "RURAL")

(d) Street No. Roub. Roub. Co. Smiths Tr
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1940 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 29, 1940, to July 8, 1940;
that I last saw him alive on July 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 9 days

Due to _____

Due to _____

Other conditions 107 W
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? 408
(Specify type of place)

While at work _____ Means of injury _____

23. Signature Watt A. Oliver (M. D. _____)

Address Richland, Mo Date signed 7-9-40

W. A. Oliver

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

8-40-1999

8-10-40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.