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39  
23159

FILED FEB 25 1944

State File No. ....

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
Corner Buchanan & Webster Sts.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community life  
years, months or days)

3. (a) PRINT FULL NAME Sally J. Carter

3. (b) If veteran, name war ..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug - 17 - 1961  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 5 0 hr. min.

9. Birthplace Mexico - P.F.D., Omo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business

12. Name Leamed Carter

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

14. Maiden name Veranda Carter

15. Birthplace D.M.A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Carter

(b) Address Mexico Mo.

17. (a) Mexico Mo. (b) Date thereof Jan 24 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director M. P. ...  
(b) Address Mexico Mo.

19. (a) Jan 24 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 621 S Webster  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
year 1941 hour 9:30 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 5  
1940 to January 22, 1941  
that I last saw her alive on January 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to atherosclerosis

Other conditions (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? 2 3  
While at work? (Specify type of place) (e) Means of injury

23. Signature E. H. ... (M. D. or other) D  
Address Columbia Mo. Date signed 1-23-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 241-439

Date Filed FEB 19 1941

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 Ray A. McPherson

Licensed Embalmer No. 1103

P. O. Address my res non

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.