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LEO APR 9 1941

State File No. _____

Registration District No. 149

Primary Registration District No. 5698

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

8. (a) PRINT FULL NAME FRANK CARTER

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frances Ellen Carter 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased (Month) 5 (Day) 11 (Year) 1868

8. AGE: Years 72 Months 7 Days 21 If less than one day hr. _____ min. _____

9. Birthplace (City, town, or county) Monroe (State or foreign country) _____

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Jonathan Carter

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

14. Maiden name Isabel Young

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

16. (a) Informant Mrs. Frances Carter

(b) Address Pinewille mo

17. (a) Burial (b) Date thereof 2-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinewille Cemetery

18. (a) Signature of funeral director Lee O. Cornwell

(b) Address Pinewille mo

19. (a) 2-11-41 (b) Lee O. Cornwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2 year 1941 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 16 - 1940 to Jan 2, 1941.

that I last saw him alive on Jan 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death myocardial stenosis

Duration

30 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 467

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

23. Signature W. H. Norton (M. D. or other) D

Address Pinewille mo Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 441-518

Date Filed APR 3 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.....

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.

Registration District No. 1149

Primary Registration District No. 2698

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wm Mc Donald
 (b) City or town Osceola, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Frank Charles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 72 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mc Donald
 (c) City or town Osceola
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) _____
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 2
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature W H Harton (M. D. or other) _____

Address Osceola Mo Date signed _____

SUPPLEMENTARY

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

1941
S-11298

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, fact should be so stated above.