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13-40  
7-39  
X23159

Registration District No. 389 Primary Registration District No. 5373 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Myatt  
(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 2 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1941 hour 7 minute 40 A. M.  
21. I hereby certify that I attended the deceased from March 1  
1941 to March 21, 1941  
that I last saw him alive on March 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Senility  
(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.

3. (a) PRINT FULL NAME William Henry 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 Widowed

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

7. Birth date of deceased Aug. 18 1849  
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Benjamin J. Carter

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

14. Maiden name Hannah Huff

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

16. (a) Informant Mrs. John Hunsperger  
(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 3-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director Wesley Thayer  
(b) Address Thayer, Mo.

19. (a) 4-9-41 (b) Vida W. SIMENS  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

6  
00  
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RECEIVED

District Health Officer No. 5.

District File Number

5411613

Date Filed \_\_\_\_\_

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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.**