

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **51**

1. PLACE OF DEATH:  
(a) County **Johnson**  
(b) City or town **Warrensburg Mo**  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Johnson**  
(c) City or town **Warrensburg Mo**  
(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.

3. (a) PRINT FULL NAME **Robert Joseph Carter**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **6**  
year **1941** hour **9** minute **0** P. M.

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 **April 6 1941**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 6 1941** to **April 6 1941**  
that I last saw her alive on **April 6 1941**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				<b>2 hr. 2 min.</b>

Immediate cause of death **Premature birth**  
Due to **ruptured membrane and base of amnion**  
Due to **flaccid**  
Other conditions **none**  
(Include pregnancy within 3 months of death)

9. Birthplace **Warrensburg Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Baby**  
11. Industry or business \_\_\_\_\_  
12. Name **Dr. Joseph Carter**  
13. Birthplace **Johnson Co Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lena Pearl Dress**  
15. Birthplace **Johnson Co Mo**  
(City, town, or county) (State or foreign country)

Major findings: **159**  
Of operations \_\_\_\_\_  
Of autopsy **no**

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address **Warrensburg Mo**  
17. (a) **Buried** (b) Date thereof **Apr 7 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Knoxwood**  
18. (a) Signature of funeral director **Sweeney-Phillips**  
(b) Address **Warrensburg Mo**  
19. (a) **April 7-41** (b) **Bertie Bentley**  
(Day received local registrar) (Registrar's signature)

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? **At**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Wm R Patterson** (M. D. or other) **0**  
Address **Warrensburg Mo** Date signed **4-7-41**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 5-5-41

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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, above space should be left blank.**