. 2
3-40
-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17619

Dr. Guypt

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 154

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 607 Madison Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 607 Madison Street 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Francis 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 Allene Carter

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October (Month) 5th (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	7	4	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business " "

FATHER
12. Name Jesse Carter
13. Birthplace ~~Schuyler~~ Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Munsell
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas F. Carter
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-11-1941 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Roy J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 5/10/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 3:00 hour minute a M.

21. I hereby certify that I attended the deceased from December 30, 1940, to May 9, 1941
that I last saw him alive on May 8, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic heart disease, Aortic stenosis	
Due to Chr. congestion failure	3 mo
Due to Cerebral thrombosis	6 wk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92. W

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

23. Signature J. DeVonne Guypt (M. D. or other) MD
Address Jefferson City Mo Date signed 5-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 Roy J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City M

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

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