

STANDARD CERTIFICATE OF DEATH

State File No. 17679

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin
(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 Most of Life
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess 31

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

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

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle A. Carter

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fe 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar G. Carter

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 27 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace Daviess Co. Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Frost

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

14. Maiden name Mary Long
(City, town, or county) (State or foreign country)

15. Birthplace Daviess Co. Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar G. Carter

(b) Address Gallatin Mo.

17. (a) burial (b) Date thereof June 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civile Bend

18. (a) Signature of funeral director [Signature]
Gallatin Mo.

(b) Address _____

19. (a) 6-3-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1933 to May 31 41
that I last saw her alive on May 30 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Complete Heart Block 2 hrs.
Hypertension (thraly) 2 mos.

Other conditions _____
(Include pregnancy within 8 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? _____

23. Signature [Signature] (Specify type of place) _____
While at work? _____ (v) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Gallatin Mo. Date signed 5-31-41

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

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. 3453

P. O. Address.....

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

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