No. 2
1-4-41
17-39
X26390

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. 17886

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 7th & Lake St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 68 years in Community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 827 East 7th St 9
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Luther-Dale-Carter

3. (b) If veteran, name war None

3. (c) Social Security No. 208-14-2722

4. Sex Male 1

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jemima Carter

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec (Month) 31 (Day), 1872 (Year)

8. AGE: Years 68 Months 3 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Brakeman

11. Industry or business Railroad - CRJ&P.

FATHER
12. Name John E. Carter
13. Birthplace Lafayette (City, town, or county) 1 Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Jane Wethered
15. Birthplace Detroit (City, town, or county) 1 Michigan (State or foreign country)

16. (a) Informant Jemima E. Carter
(b) Address Trenton, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April (Month), 9 (Day), 1941 (Year)
(c) Place: burial or cremation Tod Cem. Trenton Mo.

18. (a) Signature of funeral director Raymond A. Dennis
(b) Address Trenton Mo.

19. (a) 4-6-41 (Date received local registrar) (b) Irene D. Farr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1941 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from March 10 1941, to April 6 1941 that I last saw him alive on April 6 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid

Due to

Due to

Other conditions 46
(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.

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? 300 (Specify type of place)

While at work? (e) Means of injury

23. Signature Bertha E. Sheetz (M. D. or other)

Address Trenton Mo. Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1954

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 Robert B. Davis, Registered Apprentice No. 21 working under my personal supervision.

Signed Clifford Obery

Licensed Embalmer No. 3423

P. O. Address Trenton Mo

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

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