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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32331

FILED OCT 16 1942

Registration District No. 24

Primary Registration District No. 5955

Registrar's No.

1. PLACE OF DEATH:

(a) County Putnam

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

(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 086

(a) State Missouri (b) County Putnam

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Ellen Carter

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Aug. (Month) 8, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wesley B. Varner
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Logan
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant L. A. Green
(b) Address Powersville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Busby Cemetery

18. (a) Signature of funeral director C. O. Greenlee
(b) Address Lineville Iowa

19. (a) 9/26-1941 (Date received local registrar) (b) Mrs. D. W. Pollock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 12:00 minute noon

21. I hereby certify that I attended the deceased from July 1937 to Sept 11 1941
that I last saw her alive on Sept. 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Chronic glomerular nephritis

Due to

Other conditions
(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.

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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 S. W. McDonald (M. D. or other) Do

Address Powersville, Mo. Date signed 9/13/41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1798
Date Filed OCT 8 1941

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 James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Mercer Wash.

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

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