

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town rural Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
North of Joplin 2 miles  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 75 yrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town rural  
2 mi, N. of Joplin  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME William Walter 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 Nellie 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 3 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 30 If less than one day hr. 0 min. 0

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

10. Usual occupation laborer

11. Industry or business trash hawling

12. Name W.S. Carter

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Carter

(b) Address Joplin R.F.D.

17. (a) burial (b) Date thereof Feb. 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St, Joplin Mo.

19. (a) 2-4-42 (b) Gustav Schubert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2  
year 1942 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 30 1942 to Feb 2 1942

that I last saw him alive on Jan 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis Duration 7

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chr. Parenchymatous nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1318

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature James L. O'Brien (M. D. or other) REP.

Address 614 Frisco Bldg Date signed 2/3/42

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

49  
0  
0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> ~~embalmed~~ <sup>NOT</sup> by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Steve D Parker*.....

Licensed Embalmer No. *2548*.....

P. O. Address..... *907 W 12th*

**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, fact should be so stated above.**