

MAR 18 1942
Registration District No. 222

Primary Registration District No. 3027

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Macou

(b) City or town Macou P. Ta.

(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..... (Specify whether)

In this community..... (years, months or days)

3. (a) PRINT FULL NAME Lawrence Carter

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Sept - 4 - 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 0 If less than one day..... hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Bert Wright

13. Birthplace Macou Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Summers

15. Birthplace Macou Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Carter

(b) Address Macou, Missouri

17. (a) Burial (b) Date thereof 2-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Albert Skignes

(b) Address Macou, Missouri

19. (a) 3/5/42 (b) Jora B. Junkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macou 61

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th year 1942 hour 12 minute P. M.,

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Feb 4, 1942, that I last saw h. E.R. alive on Feb 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary thrombosis

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations.....

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) (e) Means of injury.....

23. Signature E.S. Koenigsberg, D.O. (M. D. or other) 2

Address Macou Mo Date signed 2/10/42

1357

RECEIVED

District Health Officer No. 10

District File Number 10-42-421

Date Filed MAR 11 1942

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: Paul Q. Ballew

Licensed Embalmer No. 4306

P. O. Address Macou, Missouri

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.