

FILED MAY 20 1942
Registration District No. _____

Primary Registration District No. 5034

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural
(c) Name of hospital or institution: R.F.D. #1, Mexico, Mo.
(d) Length of stay: In hospital or institution _____
In this community About 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mexico Mo (b) County Audrain
(c) City or town Rural
(d) Street No. R.F.D. #1, Mexico, Mo.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion S. Carter

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Carter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George C. Carter

13. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Henneberg

15. Birthplace Elizabeth Henneberg Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Carter

(b) Address Mexico; Mo.

17. (a) Burial (b) Date thereof April 8, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Smith

(b) Address Mexico, Mo.

19. (a) Apr 8-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1942 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from April 3, 1942 to April 7, 1942
that I last saw him alive on April 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration about 1 1/2 yrs.

Due to Hypertension

Due to Exertion

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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 H. A. Garrell R.D. (M.D. or other) _____
Address Mexico, Mo. Date signed 4/7/42

1074 (Licensed Embalmer's Statement on Reverse Side)

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

✓
4
0
0

RECEIVED

District Health Officer No. 10

District File Number 5-42-907

Date Filed May 7 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.....

.....Earl E. Precht....., Registered Apprentice No.
working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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.