

Registration District No. 469.70

Primary Registration District No. 56375633

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institutions Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20.3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nemour

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

(d) Street No. 602 West Kee
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Columbus Carter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Jan 28 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1942 hour 11⁰⁰ minute 10 M.

21. I hereby certify that I attended the deceased from Oct 26 - 1941 to May 16 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 3 Days 18
If less than one day .hr. _____ min. _____

Immediate cause of death Pulmonary tuberculosis Duration 18 mo

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

10. Usual occupation Farming

Due to _____

Due to _____

Other conditions Squamous Cell Ca-Skin
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Russell Carter

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha Bandson 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 136

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. Michael Beard

(b) Address Mo State Sanatorium Mt Vernon Mo

17. (a) Removal (b) Date thereof 5-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

(b) 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? _____

18. (a) Signature of funeral director Paul J. Marshall

(b) Address Lawrence Mo

19. (a) 6-2-42 (b) Anna Whitney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles A. Brasher M.D. (M.D. or other) _____

Address Mt. Vernon Mo Date signed 5-16-42

RECEIVED

District Health Officer No. 6,

District File Number 642-816

Date Filed JUN 9 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.....

Myself

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

working under my personal supervision.

Signed.....

Brian L. Mars

Licensed Embalmer No. 3812

P. O. Address *Brown Mt*

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.