

**1. PLACE OF DEATH:**  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Davis & Benton  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Butler  
 (c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Davis & Benton (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Rita Novella Carter  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced Chld  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 22 1941  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
10 20 hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

**11. Industry or business**  
 { 12. Name Bernard Carter  
 13. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Dorothy Rankins  
 15. Birthplace Arkansas 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Carter  
 (b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 7-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Greer Croy Service  
 (b) Address Poplar Bluff, Mo.

19. (a) 7-15-42 (b) Belle Kimes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 13  
 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from July 13, 1942  
 \_\_\_\_\_, 19\_\_\_\_, to July 13, 1942  
 that I last saw or alive on July 13, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration  
 Due to Diarrhoea -  
 Due to Acute enterocolitis.

Duration  
4 days  
6 days  
6 days

Other conditions \_\_\_\_\_   
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations 1190  
 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)  
 (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff, Mo. Date signed 7/15/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MOTHER FATHER  
FUCY LEE

12  
7  
3

RECEIVED

District Health Office No. 2

District File Number 842-923

Date Filed 8-14-42

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**