S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25031

Registration District No. 688 Primary Registration District No. 3033 Registrar's No.

82
2
1

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

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514½ SOUTH 3rd ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82 2
(c) City or town LOUISIANA 1
(If outside city or town limits, write "RURAL")
(d) Street No. 514½ SOUTH 3rd ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LAURA LUCILLE CARTER

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

4. Sex FEMALE
5. Color or race NEGRO 3
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife GENERAL CARTER
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JUNE (Month) 18 (Day) 1899 (Year)

8. AGE: Years 43 Months 1 Days 1 If less than one day hr. min.

9. Birthplace ASHLEY (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOUSEKEEPING
FATHER
12. Name H. M. HOUSE
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name KATIE McGINNIS
15. Birthplace ASHLEY (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant General Carter
(b) Address Louisiana Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/21/1942 (Month) (Day) (Year)
(c) Place: burial or cremation CURRYVILLE MO
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Mo
19. (a) 7-20-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19TH year 1942 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 18 1942, to July 19 1942, that I last saw h alive on July 18 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M.D. or other)
Address Louisiana Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-42-1524
Date Filed AUG 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 Harold Harmon, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold Harmon

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.