S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25110

State File No.

Registration District No. Primary Registration District No. 5976 B. Registrar's No. 51

89
0
0

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Rural
(If outside city or town limits, write "RURAL" and name of township)
(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)

2. USUAL RESIDENCE OF DECEASED: 89

(a) State Missouri (b) County Ray 0
(c) City or town Richmond Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PEYTON SMITH CARTER

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Minnie Grace Carter 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October (Month) 13, (Day) 1879 (Year)

8. AGE: Years 62 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Richmond, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Luther Lee Carter
13. Birthplace Unknown, (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mollie Robb
15. Birthplace Unknown, (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Raymond Mason
(b) Address Richmond, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director E. Thurman
(b) Address Richmond, Missouri

19. (a) July 25, 1942 (Date received local registrar) (b) Mrs. Chas. W. Sleppard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1942 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from July 19, 19 to July 22, 1942 that I last saw him alive on July 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Same for 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
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

23. Signature E. D. Greene (M. D. or other)
Address Richmond Mo Date signed 9-4-42

1280 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-11-42

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 ~~xxxxx~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed E. Wurman

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.