

FILED NOV 7 1942

State File No.

Registration District No. 701

Primary Registration District No. 5414

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava, Washington  
(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

3. (a) PRINT FULL NAME E. Delbert Carter

3. (b) If veteran, name war \_\_\_\_\_ 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 Julia Carter 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased May 29, 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name J. Mash Carter

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

14. Maiden name Anna McMurtrey

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

16. (a) Informant Albert Carter

(b) Address San Francisco, Calif

17. (a) Burial (b) Date thereof 10-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Taber

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 11-4-42 (b) Shelton S. Mather  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Ava, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2  
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-27 to Oct 2  
27 1942 to Oct 2 1942  
that I last saw him alive on Oct 1st  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arterial hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. M. Norman (M. D. or other) \_\_\_\_\_

Address Ava Mo Date signed 10/8/42

**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. *3431*

P. O. Address *Cora 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.**