S. No. 2
M—9-4-41
r. 5-17-39
P I X29484

34
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

33624

State File No.

Registration District No. 101 — Primary Registration District No. 5-414 — Registrar's No. 66

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava (If outside city or town limits, write "RURAL" and name of township) Wahington
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 34

(a) State Missouri (b) County Douglas 1
(c) City or town Ava (If outside city or town limits, write "RURAL") Rural 0
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Julia Carter

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Delbert Carter

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May (Month) 30 (Day) 1895 (Year)

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

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name William Collins,
13. Birthplace Sedalia, (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Hulda Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Albert Carter
(b) Address 6 San Francisco, Calif

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-42 (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 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1942 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from August 22, 1942 to Oct 8, 1942 that I last saw her alive on Oct 5th, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus	Four Months
Due to	
Due to 466	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Uterus	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T M Norman (M. D. or other)
Address Ava Mo Date signed Oct 8 42

1056 (Licensed Embalmer's Statement on Reverse Side)

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..... R B Hutchison

Licensed Embalmer No. 3491

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.