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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37529

State File No.

FILED NOV 17 1942

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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:

(a) State Mo. (b) County Macon 61 3

(c) City or town Macon 2
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary J. Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 Widow

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

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

7. Birth date of deceased Jan. (Month) 21" (Day) 1856 (Year)

8. AGE: Years 86 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Howard Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name ✓ Burton
13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name D.K.
15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Carter
(b) Address Macon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem, Macon

18. (a) Signature of funeral director Stephens & Goodding Mo
(b) Address Macon, Mo.

19. (a) 10/7/42 (Date received local registrar) (b) Nora B. Hunckler (Registrar's signature)

1037 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24" year 1942 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 18, 1942 to Sept 22, 1942 that I last saw her alive on Sept. 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	6 days
Due to arteriosclerosis (general)	15 #
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 b

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. F. Turner (M. D. or other)

Address Macon, Mo. Date signed 10-5-42

RECEIVED
District Health Officer No. 10
District File Number 11-42-2071
Date Filed NOV 16 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.