No. 2
9-4-41
17-39
X29484

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

State File No. 2967

FILED FEB 9 1943

Registration District No. 249 Primary Registration District No. 4372 Registrar's No.

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Burlington Junction, Mo.
(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 years, months or days)
In this community: 54 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Burlington Junction, Mo.
(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 — — — — — — — — — — — — — —

3. (a) PRINT FULL NAME: Marcus Carter

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

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

6. (b) Name of husband or wife: Emma May Carter 6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: November 22, 1854 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 9 If less than one day hr. — — min.

9. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Doctor

11. Industry or business: — — — — — — — — — — — — — — — —

FATHER
12. Name: Joseph Carter
13. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Wilson
15. Birthplace: Gernesey Co. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Audrey L. Carter
(b) Address: Burlington Jct., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 4-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) Feb 3-1943 (Date received local registrar) (b) Mrs W F Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 43 hour — minute — M.

21. I hereby certify that I attended the deceased from Dec 15, 1943 to 1/31, 1943 that I last saw h. alive on 1/31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism — Duration 2 days
Due to: Fracture of hip — 6 wks
Due to: Senility
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
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: G. F. Dykes (M. D. or other) M.D.
Address: Burlington Jct. Mo. Date signed: 2/3/43

1209 (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: Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
I X29288

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

State File No. 2967

Registration District No. 249 Primary Registration District No. 4372 Registrar's No.

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Burlington Junction

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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

3. (a) PRINT FULL NAME: Marcus Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

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

7. Birth date of deceased: Nov 22 1854 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 31 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism — Duration

Fracture hip — Mar 15 1942

Due to: senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

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) Accident

(b) Date of occurrence Mar 15, 1942

(c) Where did injury occur? Burlington Jct. Nodaway Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury: Fall

23. Signature: G. H. Belaney (M. D. or other) M.D.

Address: Burlington Jct. Mo. Date signed 6/3/43

SUPPLEMENTARY

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