

No. 2
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9788

State File No.

Registrar's No. 70

FILED APR 14 1943

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community 9 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 14
(c) City or town Redolia 2
(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 Mrs. J. F. Carter

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joe F. Carter 6. (c) Age of husband or wife if alive OK years
7. Birth date of deceased Nov 19 0
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 0 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name James Glasscock
13. Birthplace Pettis Courlis 0
(City, town, or county) (State or foreign country)
14. Maiden name Marah Crutcher
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Lucas
(b) Address Redolia Mo

17. (a) Burial (b) Date thereof March 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Redolia Missouri

18. (a) Signature of funeral director Geo. H. Wallace
(b) Address Fulton Missouri

19. (a) Mar 6 1943 (b) Jose Moreau Coff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1943 hour 9 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan 1
1 1943, to Jan 6 1943
that I last saw her alive on Jan 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Cardio renal involvement

Due to

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Jose Moreau Coff (M. D. or other)
Address State Hospital no 1 Date signed 3/6 43

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

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..... *Albert E. White*

Licensed Embalmer No..... *41-68*

P. O. Address..... *Fulton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9788
Registrar's No. 70

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hosp # 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 _____ (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 (Mamie) Carter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: no (Month) 19 (Day) _____ (Year)

Duration _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 78 Months 2 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
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)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

