

Registration District No. **201**

Primary Registration District No. **5730**

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

1. PLACE OF DEATH:
(a) County **Macon**
(b) City or town **Rural - Drake 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 **Missouri** (b) County **Macon**
(c) City or town **Rural - Drake Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **North of Ethel, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Mina L. Carter**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **31**
year **1943** hour..... minute **7 P. M.**
21. I hereby certify that I attended the deceased from
12/7, 1941, to **3/31**, 1943,
that I last saw him alive on **3/2**, 1943,
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Oral A. Carter** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **March 16 1898**
(Month) (Day) (Year)

Immediate cause of death **Acute Myocarditis**
Due to **Poly cystic adenomata of pelvis & abdomen**
Due to.....
Other conditions (Include pregnancy within 3 months of death) **55e**
Major findings: Of operations.....
Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	45	0	14	hr.....min.

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

9. Birthplace **Linn County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

MOTHER { 11. Industry or business.....
12. Name **F. M. Catter**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Amanda A. Jones**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Morton**
(b) Address **Marceline, Missouri**

17. (a) **Rural** (b) Date thereof **April 2, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Price**

18. (a) Signature of funeral director **W. H. McCallister**
(b) Address **So. Gifford, Missouri**

19. (a) **3-6-43** (b) **Okla. Edwards**
(Date received local registrar) (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 **W. H. McCallister** (M. D. or other)
Address **Bucklin, Mo.** Date signed **4/1/43**

1091

JAN 8 1958

RECEIVED

District Health Officer No. 10

District File Number 4-43-653

Date Filed APR 8 1943

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 W. H. McCallum

Licensed Embalmer No. 2057

P. O. Address South Sifters

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.