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JUL 10 1943 47

Registration District No. 3008

Registrar's No. 180

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

1. PLACE OF DEATH:  
 (a) County Callaway  
 (b) City or town Fulton  
 (c) Name of hospital or institution: State Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1M 24d  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Crawford  
 (c) City or town Stallville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. County Home  
 (If rural, give location)  
 (e) Citizen of foreign country? No  
 If yes, name country D

3. (c) PRINT FULL NAME Louis Carter

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month June day 6  
 year 1943 hour 10-15 minute 0 M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (c) Age of husband or wife if alive 51 years

21. I hereby certify that I attended the deceased from 6/5 1943 to 6/7 1943  
 that I last saw him alive on 6/7 1943  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife 51  
 7. Birth date of deceased: 51  
 (Month) (Day) (Year)

Immediate cause of death: Brain Myocarditis

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

Due to: Pertussis

9. Birthplace: 51 (City, town, or county) 9 (State or foreign country)

Due to: 93d

10. Usual occupation: Miner

Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name 51  
 13. Birthplace: 51 (City, town, or county) 9 (State or foreign country)

Of autopsy

14. Maiden name 51  
 15. Birthplace: 51 (City, town, or county) 9 (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Beard  
 (b) Address

(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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-1943  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Hospital Beard

While at work? (Specify type of place) (c) Means of injury.....  
 23. Signature George H. Reed (M. D. or other) Dist.  
 Address Callaway Mo. Date signed 5/7/43

18. (a) Signature of funeral director: N.B. Wade  
 (b) Address 712 Beard Ave. Fulton, Mo.  
 19. (a) 6-11-1943 (Date received local registrar) (b) Jose Morantkoff (Registrar's signature)

19. (a) 6-11-1943 (Date received local registrar) (b) Jose Morantkoff (Registrar's signature)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**