

ED AUG 12 1943

Registration District No. 98

Primary Registration District No. 5370

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town "Rural" Union Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 Miles East Gallatin, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Rural Union Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Miles East Gallatin, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alexander Bowman Carder

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife May Carder 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 24 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 5 hr. min.

9. Birthplace Izard County Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Johnathan Carder

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

14. Maiden name Celia Ann Palmer

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

16. (a) Informant Mrs. May Carder

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 7-31-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Furn. & Unit, Co.

(b) Address Gallatin, Mo.

19. (a) 8-2-1943 (b) A. O. Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from May 10  
1937 to July 29, 1943  
that I last saw him alive on July 29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death hemeric poisoning Duration \_\_\_\_\_

Due to Hypertensive Cardio-vascular sys-  
temic disease, arterial sclerosis

Due to prostatic hypertrophy

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? \_\_\_\_\_

23. Signature H. W. Bailey (M.D. or other) \_\_\_\_\_  
Address Gallatin, Mo. Date signed 8/2/43

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

MOTHER FATHER

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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..... *L. O. Richardson* .....  
Licensed Embalmer No. *3392* .....  
P. O. Address *Tallahassee, Fla.* .....

**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.**