

S. No. 2
1-9441
5-177
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26311

State File No.

Registration District No. 41

Primary Registration District No. 3075

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter

(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Dexter (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 Cal Donna Carter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 6 minute 15 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. F. Carter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 14 1880 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1943 to May 28 1943 that I last saw her alive on May 28 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 7 14 hr. _____ min.

Immediate cause of death myocarditis

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Johnnie Carter

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation Hoggy Cen.

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? _____

18. (a) Signature of funeral director Blanchard Strickland

(b) Address Dexter, Mo.

19. (a) 6-12-1943 (Date received local registrar) (b) Nora Smith (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2 DO

23. Signature Blanchard Strickland (M. D. or other) _____

Address Dexter Date signed 6/2/43

1154

(Licensed Embalmer's Statement on Reverse Side)

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

03
3
1

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 743-940

Date Filed 7-23-43

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.