No. 2
I—2-43
5M-1-39
L—X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31397

Registration District No. 59 — Primary Registration District No. 4106 — Registrar's No. 173

19 0 0

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: STRASBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STRASBURG MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NO (Specify whether)
In this community: 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CASS
(c) City or town: STRASBURG
(If outside city or town limits, write "RURAL")
(d) Street No.: NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: X X X

3. (a) PRINT FULL NAME: OLIVER PARKS CARTER

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NO

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ANNA OUTON CARTER

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: MARCH (Month) 8 (Day) 1881 (Year)

8. AGE: Years 62 Months 6 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: LINCOLN CO (City, town, or county) MO (State or foreign country)

10. Usual occupation: FARMING

11. Industry or business: ON FARM

FATHER
12. Name: LUCAS HUTCHENS CARTER
13. Birthplace: UNKNOWN (City, town, or county) VA (State or foreign country)

MOTHER
14. Maiden name: VIRGINIA BELL DYER
15. Birthplace: UNKNOWN (City, town, or county) VA (State or foreign country)

16. (a) Informant: ANNA CARTER
(b) Address: STRASBURG MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 9-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation: STRASBURG MO

18. (a) Signature of funeral director: Canada & Rapp
(b) Address: Holden Mo

19. (a) Oct. 2, 1943 (Date received local registrar) (b) Margaret Toller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27 year 1943 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from on Sept 26, 1943, to ____, 1943; that I last saw him alive on Sept 26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma — Duration: about 10 mo.

Due to: Diabetes Mellitus

Due to:

Other conditions (Include pregnancy within 3 months of death): 61

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

23. Signature: W. Beckman (M. D. or other)
Address: Strasburg Mo Date signed 9/27/43

1641

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.