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M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34964

State File No. _____

ED NOV 12 1943 55

Registration District No. 55

Primary Registration District No. 4244

Registrar's No. 13

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

49
4
0

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville

(c) Name of hospital or institution: 501 N. Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carterville
(If outside city or town limits, write "RURAL")

(d) Street No. 501 N. Kentucky
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dale Dean Cartwright

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Feb 23, 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>7</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Webb City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Fay Cartwright

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

14. Maiden name Virginia Edward

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

16. (a) Informant Mrs. Fay Cartwright

(b) Address Carterville

17. (a) Burial (b) Date thereof Oct 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Webb City Und. Co.

(b) Address Webb City, Mo.

19. (a) Oct. 11, 1943 (b) Max Miller Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1943 hour 8:05 minute 00 M.

21. I hereby certify that I attended the deceased from Feb. 8, 1943 to Oct. 8, 1943:
that I last saw him alive on Oct. 8, 1943:
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to _____

Due to _____

Other conditions Secondary Anemia and Froehlich's Syndrome
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) No.

(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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) DO

Address Carterville Mo Date signed 10-9-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

43-10-910

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.