

S. No. 2
M-2-43
5-17-39
I X33077

State File No. _____

Registrar's No. 7

Registration District No. 78

Primary Registration District No. 5371

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Washington Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 Miles East Coffey, 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 2 Months 4 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin
(If outside city or town limits, write "RURAL") 6

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Matilda Carter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Othias Carter

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

7. Birth date of deceased January 22 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>11</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Waterloo Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Alder

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Matilda McNitt

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Read

(b) Address Coffey, Missouri

17. (a) Burial (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 1-10-1944 (b) H. O. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from Dec 24
1943 to Jan 8 1944

that I last saw h. er alive on Jan 8, 1944 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum 4 yrs
Duration

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. O. J. J. J. (M. D. or other) Mo.
Address Mo. 88 H. O. J. J. J. Date signed 1/10/44

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. Richesson*.....

Licensed Embalmer No. *3307*.....

P. O. Address *Fallston, Md.*.....

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.