S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6931

Registration District No. 15 — Primary Registration District No. 4138 — Registrar's No. 7

1. PLACE OF DEATH:
(a) County CLINTON.
(b) City or town LATHROP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 46 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25
(a) State MISSOURI (b) County CLINTON 2
(c) City or town LATHROP 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Galen B. Carter.
3. (b) If veteran, name war .....
3. (c) Social Security No. 499-18-5463

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora E. Carter
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May (Month) 1 (Day) 1886 (Year)

8. AGE: Years 57 Months 9 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace CLINTON Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business AUTOMOBILE IND.
FATHER
12. Name John William Carter
13. Birthplace Jefferson Co (City, town, or county) Va. 1 (State or foreign country)
MOTHER
14. Maiden name Nancy Jane Slayton
15. Birthplace Clay Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant MRS. CORA E. CARTER
(b) Address LATHROP MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation LATHROP, MO.
18. (a) Signature of funeral director DeMOSS CRUNK
(b) Address LATHROP MO.
19. (a) Feb. 4, 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1944 hour 11 minute 30 a M.
21. I hereby certify that I attended the deceased from 5-1-43, 19..., to 2-2-44, 19...; that I last saw him alive on 2-2-, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic fibrous pulmonary tuberculosis	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	

Major findings:
Of operations
Of autopsy

13 f-1

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 0

23. Signature E. B. Dunkerson (M. D. ~~or other~~)
Address Lathrop Mo. Date signed 2-3-44

10X6

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1945

MAY 31 1945

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~~ Demoss Crunk, Registered Apprentice No. _____, working under my personal supervision.

Signed Demoss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop 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.