

1. PLACE OF DEATH:
 (a) County Howell
 (b) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Christa Nazare Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Texas 107
 (c) City or town Birch Tree, Missouri 0
(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 Millard Elwayne Carter
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 2
 year 1944 hour 8 minute 50 A. M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced SO
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 12, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 26 1944 to February 8 1944
 that I last saw him alive on February 8 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Uremia

8. AGE: Years 25 Months 0 Days 21
 If less than one day hr. _____ min. _____

Due to Chronic Nephritis
 Due to _____

9. Birthplace Howell County, Missouri 0
(City, town, or county) (State or foreign country)
 10. Usual occupation School Teacher

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 61

11. Industry or business _____
 12. Name W. P. Carter
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Ella Lee Story
 15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. P. Carter
 (b) Address Detroit, Michigan
 17. (a) B (b) Date thereof 2-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Amy Cemetery
 18. (a) Signature of funeral director Robertsons
 (b) Address West Plains, Missouri
 19. (a) 2-18-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 SO
 23. Signature [Signature] (b) West Plains, Mo.
(Date signed) (City or town)
 Address _____ Date signed 2-13-44

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

RECEIVED

District Health Officer No. 5;

District File Number

344178

Date Filed

3-6-44

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. H. Kober*.....

Licensed Embalmer No. *3435*.....

P. O. Address *West Kansas*.....

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.