

FILED MAY 29 1944

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Bucyrus
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. 11 mos. 20 days
(Specify whether years, months or days)
In this community 6 years 11 months 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Pattonsburg
(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 D

3. (a) PRINT FULL NAME ANDREW JACKSON CARTER

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 Single

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

7. Birth date of deceased 7 7 1886?
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58? ? ? hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business Common Labor

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Elliott Carter

(b) Address Pattonsburg Missouri

17. (a) Burial (b) Date thereof 8-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge cemetery

18. (a) Signature of funeral director Elliott Carter

(b) Address Pattonsburg Mo.

19. (a) 5/17/44 (b) Walter Beach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1944 hour minute 6:30 P. M.

21. I hereby certify that I attended the deceased from 3-1-1944 to 5-16-1944
that I last saw him alive on 5-16-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 5 days

Due to Epilepsy since birth

Due to

Other conditions Right Side Paralysis
(Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy

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 J. H. Marroway (M. D. or other)
Address State Hospital No. 2, Date signed 5/16/44

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

MOTHER FATHER

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

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(Licensed Embalmer's Statement on Reverse Side)

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, willie by

Registered Apprentice No. _____

working under my personal supervision.

Signed E. S. Grinner

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.