

FILED JUL 20 1944
Registration District No. 277

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution:
603 1/2 Court St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 900 Court St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Edward Carter

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Nancy

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct 11 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>22</u>	hr. min.

9. Birthplace West of Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Grocer

12. Name John Robert Carter

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

14. Maiden name Margaret Anna Fletcher

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

16. (a) Informant John Ed Carter

(b) Address St. Wayne, Ind.

17. (a) Burial (b) Date thereof 6/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

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

(b) Address Fulton, Mo.

19. (a) 6-4-1944 (b) Jesse M. Moseley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 3
year 44 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 4-1
1944 to 6-3 1944
that I last saw him alive on 6-3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Complication of prostate.

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)

(a) Means of injury _____

23. Signature Wm. J. Southard (M. D. or other) _____

Address Fulton Mo. Date signed 6-3-44

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

14
2

14
1
2

512

RECEIVED

District Health Officer No. 9,

File Number.....

Filed 7-19-44.....

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, ~~and~~ by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address..... *Fulton, 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.