

V. S. No. 2
M-11-10-39
rev. 1-17-39
X21492

24504

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 20 1944
Registration District No. _____

Primary Registration District No. 5324

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Bourbon, Rural R^{on}
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 1
In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Bourbon, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES W. CARTER
8. (b) If veteran, name war NO. 8. (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 SEPT. 1 1917
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
26 10 2 hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 3
year 1944 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from June 12
July 3 1944
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations: 82a
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Bourbon Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Ship Worker
11. Industry or business Ship Building
MOTHER FATHER { 12. Name Pinkney A. Carter
13. Birthplace Bourbon Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Etta Viola Sites
15. Birthplace Bourbon Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Pinkney A. Carter
(b) Address Bourbon, Missouri
17. (a) Burial (b) Date thereof July 6, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon, Mo.
18. (a) Signature of funeral director W. Adams
(b) Address Bourbon, Missouri.
19. (a) July 3 1944 (b) W. Adams
(Date received local registry) (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?
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. Adams (M. D. or other)
Address Bourbon, Mo. Date signed 7/24/44

2800

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

106
7/21/44

205

JUL 21 1944

1944

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 Edgar W. Tappan
Licensed Embalmer No. 3394
P. O. Address Sullivan 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, above space should be left blank.