

FILED SEP 13 1944

State File No. _____

Registration District No. 02

Primary Registration District No. 5239

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town South Linn Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
in this community XX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town South Linn Township-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Jefferson Bailey Price Carter

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Florence Carter 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 29 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 2 XXXX min.

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

10. Usual occupation Farming

11. Industry or business XXX

MOTHER FATHER

12. Name Jefferson Carter
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Cox
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Carter
(b) Address Stockton, Missouri
17. (a) Burial (b) Date thereof 7-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE
(b) Address STOCKTON, MISSOURI
19. (a) 9-1-44 (b) Miss Ethel C. Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 1 1944 to July 31 1944
that I last saw him alive on July 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Surgence of foot
Due to apoplexy Duration 1 week
Due to 3 months

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) _____
(b) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 8-4-44

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

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1298

RECEIVED
District Health Officer No. 7,
District File Number 8-44-1061
Date Filed 9-12-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton Ms

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.