

FILED OCT 24 1944

Registration District No. 777

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Clark
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

VAIL-LOYA MAY CARTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, 11th day, year 1944 hour 3:42 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on Reputy Coroner, 19____; and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (c) Age of husband or wife if alive 67 years

6. (b) Name of husband or wife Wm. L. Vail

7. Birth date of deceased (Month) May (Day) 4 (Year) 1876

8. AGE:

Years 58

Months 5

Days 7

If less than one day _____ min.

9. Birthplace Sadalia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Frank M. Carter

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

14. Maiden name Mary S. Bear

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

16. (a) Informant Maudie M. Thompson

(b) Address 4937 Lake Park Chicago

17. (a) Burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washburn

18. (a) Signature of funeral director SUDARTH

(b) Address Kennett

19. (a) 10-12-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____ Duration _____

3 degree Burns entire

Due to Body.

Due to _____

Other conditions (include pregnancy within 3 months of death) 181-1

Major findings: 15

Of operations _____

Of autopsy See Above

22. If death was due to external causes, fill in the following: Accident 123

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence October 10, 1944

(c) Where did injury occur? Kennett Mo
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Mechanism of injury Fall

23. Signature A. G. Wether (M. D. or other) M.D.

Address 231 May Date signed 10/11/44

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.