

7-S. No. 2
DOM-5-43
Rev. 5-17-39
I X35671

FILED FEB 9 1945
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 15-1

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Nursing Home 521 No. Wall
(If not in hospital or institution, write street number or location) 4

(d) Length of stay: In hospital or institution 6 (Specify whether years, months or days) 1

In this community 6 (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Tom 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 Widower

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 1866 years

7. Birth date of deceased Feb 10 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>27</u>	hr. min.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business Retired

12. Name Alexander P. Carter

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

14. Maiden name Elizabeth, Carter (Correct)

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

16. (a) Informant W.T. Carter

(b) Address Vancouver California

17. (a) Removal (b) Date thereof Jan 7 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarks Cem. Ft Scott, Kans

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin, Mo.

19. (a) 2-5-45 (b) Justus Hurlbut
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2

(d) Street No. 521 No Wall
(If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No) U

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 10 19 44 to Jan - 5 - 1945
that I last saw him alive on Jan 5 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to _____

Due to 830

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)

(e) Means of injury _____

23. Signature E.C. Carter (M. D. or other) U

Address Joplin Mo Date signed 2-8-45

1204

45-1-35

FEB 10 1945

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..... *Cory K. Hurlbut*

..... Licensed Embalmer No. *959*

..... P. O. Address *Joplin 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.