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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10442

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Carter

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Jane Williams

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 18 (Day) 1877 (Year)

8. AGE: Years 68 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business farm

FATHER
12. Name Erastus Carter
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Erin
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs. Edward Carter
(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) 3-27-45 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 10, 1942 to March 24, 1945 that I last saw him alive on March 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Oedema (anasarca or dropsy) of lungs & extremities.	1 year
Due to Chronic nephritis	2 yrs
Due to Chronic myocarditis	
Other conditions none noted save (Include pregnancy within 3 months of death) rickets (softening of bones)	

Major findings:
Of operations none,
Of autopsy No 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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Lewis E. Calvert (M. D. ~~or other~~)
Address Weston, Mo. Date signed 3/27/45

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No Platte Co
District File Number 4-45-38
Date Filed 4-2-45

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.