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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945
Registration District No. 287

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10457
Registrar's No. 5

Primary Registration District No. 4425

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

1. PLACE OF DEATH:
(a) County Falk
(b) City or town Morrisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home East part of Morrisville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Falk 84
(c) City or town Morrisville 00
(If outside city or town limits, write "RURAL")
(d) Street No. East part of Salinar
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None 11

3. (a) PRINT FULL NAME Jancy Elizabeth Carter
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Nov day 23
year 1944 hour 3:45 minute 11 M.
21. I hereby certify that I attended the deceased from Nov 1
1944 to Nov 23, 1944
that I last saw her alive on Nov 22, 1944
and that death occurred on the date and hour stated above.

5. Color or race Female White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Charles J. Carter
6. (c) Age of husband or wife if alive Decided
7. Birth date of deceased Oct 11, 1861
(Month) (Day) (Year)

Immediate cause of death
acute uremia 2 wks
Duration

8. AGE: Years 83 Months 1 Days 12
If less than one day hr. min.

Due to
Due to
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.

9. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry of business House Work
12. Name Jane Breshars
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Jancy Baker
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Onnie Carter
(b) Address Morrisville, Mo.
17. (a) Burial (b) Date thereof Nov 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Star Ridge Cemetery
18. (a) Signature of funeral director Erwin D. Blave
(b) Address Salinar, Mo.
19. (a) March 13-1945 (b) Willard Dickerson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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) (e) Means of injury
23. Signature J. B. McCraw (M. D. or other)
Address Salinar Date signed 11/23

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

RECEIVED
District No. 74
District File Number 2-45-217
Date Filed 3-15-45

SEP 25 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

Not Embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Willard B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Balwin, 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.

Registration District No. 287

Primary Registration District No. 4220

1. PLACE OF DEATH: Polk
 (a) County Polk
 (b) City or town Morrisville
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Nancy E. Carter
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 11 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days _____ (Less than one day) min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (d) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Chronic Uremia

Due to arteriosclerotic kidney

Due to Generalized arteriosclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 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 Stewart (M., D. or other) _____
 Address Belmar Date signed _____

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

SUPPLEMENTARY

SEP 25 1945

10457