

S. No. 2
OM-2-43
v. 5-17-39
X35897

FILED APR 10 1945
BUREAU OF THE CENSUS
FILED APR 10 1945

Dr. Albert M. M...
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14000
Registrar's No. 16

Registration District No. _____

Primary Registration District No. 4330

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie, Mo
(c) Name of hospital or institution: Residence
(d) Length of stay: 58 years
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo County Mississippi
(c) City or town East Prairie, Mo
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MINNIE ELLEN CARTER
(b) If veteran, name war ✓
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 10 year 1945 hour 10:15 minute P M.
21. I hereby certify that I attended the deceased from 3/1 1945 to 3/15 1945
that I last saw her alive on 3/12 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 Widowed
(b) Name of husband or wife _____
(c) Age of husband or wife if alive 27 years
7. Birth date of deceased Jan 27 1869

Immediate cause of death Heart Disease
Myocarditis
Duration _____

8. AGE: Years 75 Months 2 Days 21
9. Birthplace Spencer Co. Indiana

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

11. Industry or business _____
12. Name Walter Powers
13. Birthplace Unknown Indiana
14. Maiden name _____
15. Birthplace _____

Major findings: Of operations gpc
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mona E. Thornsbrough
(b) Address East Prairie, Mo
(c) Place: burial or cremation W.F.W.
18. (a) Signature of funeral director W. J. W. Shelby
(b) Address East Prairie, Mo
19. (a) 4-8-1945 (b) Shigman

23. Signature A. J. Martin (M. D. or other) _____
Address East Prairie, Mo Date signed 4/2-45

1271

RECEIVED

District Health Office No.

District File Number 445-50

Date Filed 7/24/45

APR 20 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 Francis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.