

FILED JUL 13 1945

State File No.

Registration District No. 75

Primary Registration District No. 4138

Registrar's No. 41

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

25-
2
1

1. PLACE OF DEATH:

(a) County Calhoun

(b) City or town Lathrop
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 71 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calhoun

(c) City or town Lathrop
(If outside city or town limits, write "RURAL") 1

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Loren Carter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 2 minute 30 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov-1-44 to June 19-45
Arthritis that I last saw him alive on June 18-45 and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years: 71 Months: 11 Days: 28 If less than one day _____ hr. _____ min.

Arthritis & chronic Myocarditis

Due to _____

Due to _____

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

10. Usual occupation Limber caretaker

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

Major findings: Of operations 938

Of autopsy _____

MOTHER FATHER

11. Industry or business Limber

12. Name John William Carter

13. Birthplace Jefferson Co Virginia (City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Skayton

15. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bert Mick

(b) Address Lathrop Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo DeMoss CRVWK

18. (a) Signature of funeral director Ruth ROP

(b) Address Mo

19. (a) 6-27-1945 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

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. B. Dinkens (M. D. or other)

Address Lathrop Mo Date signed 6-26-45

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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. M. Crunk

Licensed Embalmer No.

2533

P. O. Address

Latrop, 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.