S. No. 2
M—2-43
. 5-17-39
P I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20303

Registration District No. 120 Primary Registration District No. 5451 Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Gentry
(b) City or town: Rural, Wilson Township
(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 64-4-11 years, months or days)

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

3. (a) PRINT FULL NAME: Harry Monroe Carter
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Mary Jane Carter
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: 1 (Month) 29 (Day) 1881 (Year)

8. AGE: Years 64 Months 4 Days 11 If less than one day hr. min.

9. Birthplace: Gentry County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business: Farming—Stockraising
FATHER
12. Name: John Carter.
13. Birthplace: ✓ (City, town, or country) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Isabele Folgate
15. Birthplace: Gentry County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mary Jane Carter.
(b) Address: Stanberry Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hugginsville, near Stanberry
Signature of funeral director: J. Evan Johnson
Address: Stanberry Mo.
13-1945 (b) Homer M. Mitchell
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 17, 1945, to June 11, 1945 that I last saw him alive on June 10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Valvular Insufficiency	3 wks
Due to: Glycosuria (Diabetes)	
Due to: Renal Failure	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: S. Mulligan (M. D. or other) MD
Address: Stanberry Mo Date signed 6-11-45

1108 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 5 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~~ J. Evan Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3493

P. O. Address Altenburg 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.