

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 29 1945

Registration District No. 101

Primary Registration District No. 5406

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava, Lincoln Twp. Rural
(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

3. (a) PRINT FULL NAME Sallie J. Carter

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas A. Carter 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased November 7, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Laffette County, Missouri /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elliott Hale
13. Birthplace Tenn. /
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Modena
15. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. W. Lupton
(b) Address Route 3, Ava, Missouri
17. (a) Burial (b) Date thereof 5-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 2-1-45 (b) Lula Spauldwell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3,
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Sept 23
1947 to May 15 1948
that I last saw her alive on May 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Essential Hypertension

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.

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 2

23. Signature Dr. C. P. Harlan (M.D. or other) D.O.
Address Ava Mo. Date signed 7-31-45

RECEIVED

District Health Officer No. 6,

District File Number 845-932

Date Filed AUG 27 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

H. B. Hutchinson

Licensed Embalmer No.

3431

P. O. Address

Oran 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.