No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31260

FILED SEP 20 1945

State File No.

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 53

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 48 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Clay Carter

3. (b) If veteran, name war ✓

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April (Month) 17 (Day) 1857 (Year)

8. AGE: Years 88 Months 3 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Appanoose Co. (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farm

11. Industry or business Retired Farmer (20 yrs)

FATHER
12. Name John H Carter
13. Birthplace Don't Know (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Gurnsey
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Orval Carter 1
(b) Address Unionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 5 (Day) 1945 (Year)
(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By John N Comstock

19. (a) 8/28/45 (Date received local registrar) (b) [signature] (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 15, 1945, to Aug 2, 1945; that I last saw him alive on Aug 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dilatation of heart	
Due to Arteriosclerosis + hypertension	20 years
Due to Chronic glomerulonephritis	
Other conditions (Include pregnancy within 3 months of death): Senile debility	
Fractured Right hip	
Major findings: Of operations July 15 - 45	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 86

(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 Chas L Judd (M. D. or other) D.O.

Address Unionville Mo Date signed 8/3/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1384
Date Filed SEP 17 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31260

Registration District No. 291 Primary Registration District No. 4483 Registrar's No. 53

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(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)

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

3. (a) PRINT FULL NAME Henry C. Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Apr (Month) 17 (Day) 1855 (Year)

8. AGE: Years 88 Months 3 Days 15 If less than one day min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 18 a.s.	

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) Accident

(b) Date of occurrence July 18-45

(c) Where did injury occur? Unionville (City or town) Putnam (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell in floor at home.
(Specify type of place)
While at work? No (e) Means of injury Fracture Right Femur

23. Signature Chas L Jade (M. D. or other) D.O.

Address Unionville Mo Date signed