

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether)
In this community Entire Life
years, months or days)

3. (a) PRINT FULL NAME

Joseph Franklin Carter

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex Male

5. Color or
race White

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

6. (b) Name of husband or wife
Minnie F. Carter

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

7. Birth date of deceased August
(Month) (Day) (Year)

27 1859
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

86

2

15

hr. min.

9. Birthplace R. F. D., Hughesville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William F. Carter

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellis

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William & Ernest Carter

(b) Address Liberty & Columbia, Missouri

17. (a) Burial (b) Date thereof Nov. 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellis Cemetery, Pettis Co.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 11-13-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 12 day
year 1945 hour 2:45 minute P.M.

21. I hereby certify that I attended the deceased from Sept 28, 45
to Nov 12, 45

that I last saw him alive on Nov 12
and that death occurred on the date and hour stated above.

Immediate cause of death dissecting aortic aneurysm

Due to.....

Due to.....

Other conditions Parotiditis for
(Include pregnancy within 3 months of death) enlarged prostate

Major findings:
Of operations.....

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?.....
(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) (M. Does other)

Signature [Signature] (M. Does other)

Address Sedalia Date signed Nov 19 45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-6-45

Died 2:45 - Nov 12

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

K P M Lrary

Licensed Embalmer No.

3153

P. O. Address

Sedalia 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.