S. No. 2
M—9-4-41
v. 5-17-39
Rev I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40532

State File No.

FILED JAN 8 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1310

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 yr. 7 mo. 29 da. (Specify whether years, months or days)
In this community 24 yr. 7 mo. 29 da.

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Jackson

(c) ~~City~~ or town: Independence
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: RICHARD CARTER.

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: 6 - 6 - 1922? (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
23?	—	—	hr. min.

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

10. Usual occupation: None

11. Industry or business: —

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

MOTHER
14. Maiden name: Anna Marie Carter
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Jackson County Court
(b) Address: Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial Woodlawn

18. (a) Signature of funeral director: C. E. Lewis
(b) Address: Independence, Mo.

19. (a) Dec. 7, 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1945 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-8-, 1943, to 12-6-, 1945 that I last saw him alive on 12-6-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	2 days
Due to: Congenital Heart disease (Mitral Valve).	Since birth
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

23. Signature: J. H. Morrow (M. D. ~~or other~~)
Address: State Hospital No. 2 Date signed 12-7-45.

1428

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 J. Harris Sr.

Licensed Embalmer No. 3388

P. O. Address 19 C. mu.

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.