No. 2
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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. 6260

FILED MAR 13 1946

Registration District No. 170 Primary Registration District No. 5634 Registrar's No.

**1. PLACE OF DEATH:**

(a) County LACLEDE

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

(c) Name of hospital or institution:
LEBANON R. 2 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ALWAYS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County LACLEDE 53

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. LEBANON R. 2. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GROVER CLEVELAND CARTER

3. (b) If veteran, name war WORLD WAR ONE

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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 OCT (Month) 20 (Day) - 1889 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 3 | 18 | hr. min. |

9. Birthplace LACLEDE Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name RICHARD CARTER
13. Birthplace (City, town, or county) U.S. / (State or foreign country)

MOTHER
14. Maiden name MAGARET CLIFTON
15. Birthplace (City, town, or county) U.S. / (State or foreign country)

16. (a) Informant Nettie Chapman
(b) Address Lebanon Mo R. 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation HEW HOPE CEM

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON Mo

19. (a) March 1, 1946 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB day 8
year 1946 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 CORONARY THROMBOSIS | |
| Due to | |
| 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 D. A. Rehmer (CORONER) (M. D. or other)
Address LEBANON Mo Date signed 2/9/46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 3/12/46
Laclede County Health Unit
File No. 246-14
Date Filed 3/12/46

MAR 19 1946

MAR 22 1946

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**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 D A Bahner

Licensed Embalmer No. 1161

P. O. Address Lebanon 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.**