

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1946

Registration District No. 101

Primary Registration District No. 44065394

State File No. 16196

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Boone
(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

Eva Carter

3. (b) If veteran,

name war. No

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Charley Carter 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 4, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 27 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Roby Bean
13. Birthplace Webster County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Winnie Loving
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Willie Carter
(b) Address Springfield mo.
17. (a) Burial (b) Date thereof 4-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) May 22-46 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1946 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from March 29, 1946, to April 12, 1946,
that I last saw her alive on March 30, 1946,
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Liver Duration

Due to
Due to

Other conditions Bradycardia
(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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Richard D. Harrison (M. D. or other)
Address Ava Date signed April 21, 1946

RECEIVED

District Health Officer No. 6,

District File Number 646-653

Date Filed JUN 10 1946

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.....

Over 700

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.