. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32590

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 140

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 701 Baker St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 4

(a) State Mo. (b) County Audrain

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

(d) Street No. 701 Baker St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Cumberland Carter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Rosa Carter

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 2, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	—	10	hr. min.

9. Birthplace Monroe County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name John C. Carter /
13. Birthplace (City, town, or county) Va. (State or foreign country) /

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

16. (a) Informant Mrs. Rosa Carter

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Arvo Arnold Jr

(b) Address Mexico, Mo.

19. (a) Oct 13-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1946 hour 2 minute A- M.

21. I hereby certify that I attended the deceased from March 15, 1946, to Oct 10, 1946, that I last saw him alive on Oct 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Cerebral thrombosis

Due to Infirmities of age and Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8 3 B

Of autopsy

Duration

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 0

23. Signature [illegible] (M. D. or other) M.D.

Address 119 E. Jackson Mexico Mo. Date signed Oct 13, 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1945
Date Filed OCT 23 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 Chas Russell Jr.

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.