

S. No. 2
M-5-43
v. 5-17-39
I X38571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35879**

FILED NOV 7 1946

Registration District No. **333**

Primary Registration District No. **4520**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Texas
 (b) City or town Summersville, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether)
 In this community 4 weeks
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Texas
 (c) City or town Summersville, Mo
 (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 James Granvel Carter
 3. (b) If veteran, name war no
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day ?
 year 1946 hour 10 minute 20 a.m.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Carter
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 13 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1946 to 1946
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>19</u>	_____ hr. _____ min.

Immediate cause of death supposed heart failure
cause unknown.
 Due to _____
 Due to _____

9. Birthplace Dent Co MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 { 12. Name William Carter
 { 13. Birthplace Ark
 { 14. Maiden name unknown
 { 15. Birthplace 9

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy no 200A

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant William O Carter

(b) Address 1918a St. Louis Ave St Louis

17. (a) Burial (b) Date thereof 10-4-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman Cemetery

18. (a) Signature of funeral director Joe R. Duncan
 (b) Address Mountain View, Mo

19. (a) Oct 9 1946 (b) Mrs C E murfin
 (Date of signed local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Mo

(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? in bed (Specify type of place)
 (e) Means of injury 3

23. Signature J R Duncan (M. D. or other)
 Address Houston, Mo Date signed 11-7-46

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

RECEIVED

District Health Officer No. 5,

District File Number 1046594

Date Filed 11-4-46

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 Joe R. Duncan
Licensed Embalmer No. 4325
P. O. Address Mtn. View, 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.