

FILED DEC 28 1946

State File No. _____

Registration District No. 211

Primary Registration District No. 5911

Registrar's No. 19

1. PLACE OF DEATH: Demioct
 (a) County Demioct
 (b) City or town Rural Brook City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Demioct
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles West of Brook City
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Zil Phie Craig Carter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Sherman Carter 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased: 2 (Month) 20 (Day) 1887 (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Grenada Miss (City, town, or county) (State or foreign country)

10. Usual occupation public school teacher

11. Industry or business public school

12. Name E. Lewis

13. Birthplace St. Joseph Mo (City, town, or county) (State or foreign country)

14. Maiden name Maryann Perry

15. Birthplace Charleston W. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Kerry N. Lewis

(b) Address Grenada Miss

17. (a) Removal (b) Date thereof 12-15-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grenada Miss

(d) Signature of funeral director J. Smith (Specify type of place)

(e) Address Hayes Mo (City, town, or county) (State)

(f) 12-15-46 (Date received) (g) Mrs. Jessie Turner (Registrar's signature)

(h) _____ (Licensed Embalmer)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 13 year 1946 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-30 to 12-13 1946, to _____ 19_____

that I last saw her alive on 12-8-46 19_____ and that death occurred on the date and hour stated above. 4 PM

Immediate cause of death Metral regurgitation Duration 1 yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 92B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

Injury occur in or about home, on farm, in industrial place, in public place?

Means of injury _____ (Specify type of place)

J. Gullett (M. D. doctor) Date signed 12-17-46

Harrell Mo

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

MOTHER FATHER

12-46 - ~~266~~ 271

47

FEB 3 1947

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 *Fred Smith*

Licensed Embalmer No. *4408*

P. O. Address *104 petty st Sikeston*

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.