

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 10 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 285

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether In this community _____ years, months or days) Most of life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 6209 Washington St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NEAL W. CARTER

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martna

6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased January 28, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 28
If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business None

12. Name John Carter

13. Birthplace Unknown Unknown

14. Maiden name Elizabeth Unknown

15. Birthplace Unknown unknown

16. (a) Informant Martna Carter (wife)

(b) Address 6209 Washinton St., City

17. (a) Burial (b) Date thereof 3/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John B. Rupp

(b) Address 6054 Pryor Ave., City

19. (a) 3-3-47 (b) L. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26,
 year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 18, 1947 to February 26, 1947
 that I last saw him alive on February 26, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration Apprx. 3 days

Due to Cardio Vascular Renal Disease Apprx. 1 yr.

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

Major findings:
 Of operations ✓
 Of autopsy ✓ 131A

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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) Means of injury _____

23. Signature Dr. W. J. Long (M.D. or other) 2-27-47

Address The Tootle Bldg. St. Joseph, Mo. Date signed _____

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

MOTHER FATHER

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~~

Roland W. Clark

Registered Apprentice No. *530*

working under my personal supervision.

Signed

John E. Rupp
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph, 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.