

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28504

FILED SEP 5 1947

Registration District No. 254

Primary Registration District No. 4386

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 Benjamin Franklin Carter
3. (b) If veteran, name war: -- 3. (c) Social Security No. 702-03-6535

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mae Carter 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 9 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Brakeman

11. Industry or business Frisco Railway Co.

MOTHER FATHER { 12. Name Lewis Carter
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ferlina Woolford
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Carter

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 6/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem

18. (a) Signature of funeral director Edith Gross

(b) Address Thayer, Mo.

19. (a) August 6, 1947 (b) Edith Gross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer ✓
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 12 minute 15 P. M.

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

Immediate cause of death Quarantine of Brain
Internal Injury -
Due to Accident. Fall under
Moving train.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1698
Of operations _____
Of autopsy 30

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____ 75
(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 Leo Carr (Registrar or other) 3
Address Thayer Mo. Date signed _____

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

RECEIVED

District Health Office No. 5,

District 847465

Date Filed 8-30-47

NOV 1 4 1950

SEP 30 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.....

Licensed Embalmer No.....

P. O. Address.....

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.