No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30392

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1192

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 2hrs. 30 min. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 5307 Pryor (parents) 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LORIS DAVID CARTER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4, (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	2 hr. 30 min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Loris Dale Carter
13. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Wilma Koons
15. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Loris D. Carter (father)
(b) Address 5307 Pryor Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 10-8-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4, year 1947 hour 6 minute :30 P. M.
21. I hereby certify that I attended the deceased from Oct 4, 1947, 19..., to Oct 4, 1947, that I last saw him alive on Oct 4, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Deficiency Circulatory System	2 hrs 33 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

PHYSICIAN
Underline the cause of 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 W. M. Toaxlaber (M. D. or other) MD
Address 41 Kirkpatrick Bldg St Joseph Mo. Date signed 10/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 D. Clark Registered Apprentice No. 503 working under my personal supervision.

Signed John E. Rufop

Licensed Embalmer No. 3966

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.