E. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 15 1947

Registration District No. Finger 333

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33402

Primary Registration District No. 3074

Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 107 Westgate
(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 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott 100
(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 107 Westgate 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William M. Carter
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M 2
5. Color or race: C
6. (a) Single, widowed, married, divorced: S 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: 1 (Month) 1 (Day) 1885 (Year)

8. AGE: Years 62 | Months 8 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Yazoo County (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Labor
11. Industry or business: Farming

FATHER
12. Name: Wallace Carter
13. Birthplace: Unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Menervia Pearson
(b) Address: Saginaw, Mich. 6108 Potter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.
18. (a) Signature of funeral director: H. W. Allmillen
(b) Address: Sikeston, Mo.
19. (a) 10-10-47 (Date received local registrar) (b) Mrs O. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 1947 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from 9-13- 1947 to — 19..., that I last saw him alive on 9-13- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease & Left Hemiplegia	6 mons.
Due to: Chronic Nephritis	10 mons.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature: W. A. Fingal (M. D. or other)
Address: 204 S. Locust St. Charleston, Mo. Date signed 9-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 7047-1322
Date Filed 10-13-47

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 John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.