S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 53

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33854

Primary Registration District No. 3010

Registrar's No. 315

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether
In this community: All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi 67
(c) City or town: Bertrand 0
(If outside city or town limits, write "RURAL")
(d) Street No.: None 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Clarence Carter
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Carter
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: August 28, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	1	8	hr. min.

9. Birthplace: Mississippi Co., Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: None
FATHER
12. Name: Elijah Carter
13. Birthplace: No record 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Dalton
15. Birthplace: No Record 9
(City, town, or county) (State or foreign country)
16. (a) Informant: Oval Carter
(b) Address: Anniston, Missouri.
17. (a) Burial (b) Date thereof: 10-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery Charleston, Mo.
18. (a) Signature of funeral director: Joe R. Nunnelee
(b) Address: Charleston, Missouri.
19. (a) 10-12-1947 (b) C. C. Summers
(Date received local registrar) (Registrar's signature) 11/11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1947 hour 8:00 minute 45 P.M.
21. I hereby certify that I attended the deceased from 9-23-, 1947 to 10-6, 1947
that I last saw him alive on 10-6-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteriosclerosis	7
Due to	
Other conditions: Prostatic Hyperplasia (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations: Pros. Hyp.
Of autopsy: 8 3a

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature: Paul B. Nussbaum (M. D. or other) MD
Address: 704 Broadway Corpl Girardeau Mo. Date signed: 10-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1042-1328

Date Filed 10-19-47

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.