

FILED DEC 3 1947

Registration District No. 349

Primary Registration District No. 4503 Dr Kelly

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bernie Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Bernie
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carol Elaine Carter

3. (b) If veteran, name war X

3. (c) Social Security No. X

20. DATE OF DEATH: Month Oct. day 31
year 1947 hour 10 minute 45 A. M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased: Oct 31 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from on Oct. 31, 1947,
that I last saw her alive on Oct. 31, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 3 hr 5 min.

Immediate cause of death Premature birth

Duration _____

9. Birthplace Bernie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

MOTHER FATHER

12. Name Lewis Henry Carter

13. Birthplace Bernie Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marion Dejourney

15. Birthplace Querton Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

Major findings: 15

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Lewis Carter

(b) Address Bernie Mo

17. (a) Burial (b) Date thereof 11/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Robert E. Drown

(b) Address Bernie Mo

(c) Nov. 21, 1947 (b) Lottie Jeffress
(Date received by Registrar) (Registrar's signature)

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 2

23. Signature F O Kelly M.D. or other _____
Address Bernie Mo Date signed 11.6.47

RECEIVED

District Health Office No. 2,

District File Number 12-42-1515

Date Filed 12-1-47

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.....

Body not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed Robert E. [Signature]
Funeral Director
Licensed Embalmer No.....

P. O. Address Bernie, 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.