

Howland Carter
S. No. 2
M-2-43
5-17-39
I X35897

1870

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1948

Registration District No. 277

Primary Registration District No. 4360

Registrar's No. 43

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
5th, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life-time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LAVERN CRAIG

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased July 19, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business X

MOTHER FATHER { 12. Name Richard Craig

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

14. Maiden name Unknown

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

16. (a) Informant Howard Craig

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 1/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn - Hayti, Mo

18. (a) Signature of funeral director H.S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 1-14-48 (b) Ellen DeLude
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from JUNE,
1947, to JAN 12 -, 1948.
that I last saw him alive on JAN 12 -, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA
HYPERTENSIA, ARTERIOSCLEROSIS
CHRONIC NEPHRITIS

Due to _____

Due to _____

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

Major findings:
Of operations 131B

Of autopsy _____

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?

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

23. Signature Harvey H. Carter M.D. (M. D. or other)
Address Portageville, Mo Date signed 1-14-48

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

RECEIVED
District Health Office No. 2
District File Number 728-218
Case filed 2-10-48

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.....

William S. Fike

Registered Apprentice No. *440*

working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.