FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 3 1948
Registration District No. 2

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 3847
Primary Registration District No. 4009
Registrar's No. 227

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs
years, months or days)

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

3. (a) PRINT FULL NAME John Clarence Carter
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Sarah Carter 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March (Month) 11 (Day) 1867 (Year)

8. AGE: Years 80 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Jasper Co. Ill. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Harnes Maker
11. Industry or business .....
FATHER
12. Name Solomen Carter 9
13. Birthplace un Known 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Carter
15. Birthplace un Known 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sarah Carter 1
(b) Address Savannah Mo
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Cemetery
18. (a) Signature of funeral director E. C. Brett
(b) Address Savannah Mo
19. (a) 2-24-48 (Date received local registrar) (b) Lillian Spark 2 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 1948 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from Feb. 18, 1948 to Feb. 22, 1948;
that I last saw him alive on Feb. 21, 1948
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage
Due to "Essential" Hypertension
Due to .....
Other conditions Cancer of rectum, metastases to entire GI system
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy 46 P

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? ..... 2
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature W. E. Maxwell (M. D. or other) DO
Address Savannah, Mo. Date signed 2/23/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Brecht

Licensed Embalmer No. 2650

P. O. Address Bacomah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.