No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6165

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1589

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Bland 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. N R. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Laverne 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 Child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 8 (Day) 1946 (Year)

8. AGE: Years 1 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Child
11. Industry or business

FATHER
12. Name Austin E. Carter 0
13. Birthplace Bland (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mettie R. Saunders
15. Birthplace Del Rio (City, town, or county) Tennessee (State or foreign country) 1

16. (a) Informant Austin E. Carter
(b) Address Bland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bland, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2-14, 1948, to 2-14, 1948;
that I last saw him alive on 2-14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Laryngo-trachea-bronchitis - Acute	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 106	
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 0
23. Signature Gilbert B. Forbes (M. D. or other)
Address Date signed

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

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

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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.