

FILED MAR 24 1948

Registration District No. **1**

Primary Registration District No. **4190**

Registrar's No. **84**

1. PLACE OF BIRTH:

(a) County **Gasconade**
(b) City or town **BIAND**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

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

In this community **Entire Life**
years, months or days

3. (a) PRINT FULL NAME **KAREN Rhea CARTER**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **✓**

6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **November 14 1944**
(Month) (Day) (Year)

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

9. Birthplace **Jefferson City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **✓**

11. Industry or business **✓**

12. Name **Austin E. Carter**

13. Birthplace **BIAND Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Blanche R. Saunders**

15. Birthplace **Well Rio Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Carter**

(b) Address **Blair Mo.**

17. (a) **Burial** (b) Date thereof **2-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **SAUNDERS Funeral Service**

(b) Address **Blair Mo.**

19. (a) **2-18-48** (b) **Donna Blackman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**

(c) City or town **BIAND**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **14**
year **1948** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **not**, 19, to **treated**, 19;
that I last saw her alive on **✓**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **106C**

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 **E. A. Bunge** (M. D. or other)

Address **Blair Mo.** Date signed **2-18**

RECEIVED
District Health Officer No. 9,
District File Number
MAR 23 1948
Date Filed

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

Chester Baseman

Licensed Embalmer No.

4178

P. O. Address

BLAND

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.