

Registration District No. 13

Primary Registration District No. 5057

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Kings Prairie Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None

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

(d) Length of stay: In hospital or institution none (Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. R.F.D. 1, Mouett mo
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Christopher C. Carter

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 5:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 10 1948 to April 10 1948

that I last saw him alive on April 10 1948 and that death occurred on the date and hour stated above.

4. Sex m

5. Color or race w

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

(b) Name of husband or wife Cora Stribling Carter

(c) Age of husband or wife if alive 76 years

7. Birth date of deceased: May 21 1871
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration

Duration 17 1/2

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>10</u>	<u>19</u>	hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 51B

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Prostate

Of operations Carcinoma 9

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business Farm

12. Name Thomas John Carter

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

14. Maiden name Sarah Willie

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

16. (a) Informant Mrs C C Carter

(b) Address R.F.D. 1, Mouett mo

17. (a) Burial (b) Date thereof 4 13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cemetery

18. (a) Signature of funeral director Callaway Funeral Home

(b) Address Mouett mo

19. (a) 4-14-48 (b) W. M. West
(Date received local 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? 0

While at work?.....
(Specify type of place) (Cause of injury)

23. Signature Frank R. West MD (M. D. or other)

Address Mouett mo Date signed 4/10/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 748-547
Date Filed APR 28 1948

APR 27 1948

MAY 2 1948

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 J. D. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett, 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.