

National Office of Vital Statistics

FILED MAY 1 1948
Registration District No. **24**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
785 North Lincoln
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Marshall**
(If outside city or town limits, write "RURAL")
(d) Street No. **785 North Lincoln**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Susan Elizabeth 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 **Married**
6. (b) Name of husband or wife **Frazier Carter** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **January 10 1878**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **5** If less than one day _____ hr. _____ min

9. Birthplace **Hermitage Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Essie Eads**

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

14. Maiden name **Minerva Hitson**

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

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

(b) Address **Marshall, Mo.**

17. (a) **Burial** (b) Date thereof **4/18/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ridge Park Cemetery**

18. (a) Signature of funeral director **J. Leeli Swamy**

(b) Address **Marshall, Mo.**

19. (a) **4-16-1948** (b) **Richard N. Huchler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15** year **1948** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **April 7** 19**48** to **April 15** 19**48** and that I last saw him alive on **April 14** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (R+L)** Duration **4 days**

Due to **Hypertension (nephritic)** **2 yrs**

Due to _____

Other conditions **T.B. of Spine** **6 mo**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **1/0**

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 **2**

23. Signature **Richard N. Huchler** Address **Marshall, Mo.** Date signed **4-16-48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-30-48

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 _____

Marvin V. Newton

Registered Apprentice No. 51

working under my personal supervision.

Signed _____

J. Leslie Surrage

Licensed Embalmer No. 3235

P. O. Address _____

Washburn, Wis.

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.