S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16816

FILED JUN 14 1948

Registration District No. 1020

Primary Registration District No. 3033

Registrar's No. 57

3
1
2

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

1. PLACE OF DEATH:

(a) County: Laclede

(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Walla ce. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Laclede 53

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: RR 3 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Sara R. Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: J. F. Carter

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Feb (Month) 16 (Day) 1895 (Year)

8. AGE: Years 53 | Months 3 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace: Monroe (City, town, or county) La. (State or foreign country) 1

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: Eli E Riggs
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Comfort Burl
15. Birthplace: Iberia, La. (City, town, or county) (State or foreign country) 1

16. (a) Informant: J F. Carter
(b) Address: Lebanon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Winsboro, La.

18. (a) Signature of funeral director: Palmers
(b) Address: Lebanon, Mo.

19. (a) 5/28/48 (Date received local registrar) (b) Tressie B. Lynly (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24 year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 26 Dec 1947 to 24 May 1948 that I last saw her alive on 24 May 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignant Glioma of Brain	5 mo 5 days
Due to	
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
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

23. Signature: Paul A. Jenkins M.D. (M. D. or other)

Address: Lebanon, Mo. Date signed 24 May 48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1948

Received 6/7/48

Laclede County Health Unit

File No. 6-48-59

Date Filed 6/8/48

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 R. L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2202

P. O. Address Lebanon 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.

S. No. 2
DM—2-43
5-17-39
I. X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1948

Registration District No. 660

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 7-48-77

Registrar's No. 67

1. PLACE OF DEATH:

(a) County La clede

(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. RR # 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sara R. Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J. F. Carter

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 16 (Month) 1895 (Day) (Year)

8. AGE: Years 53 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Eli E. Riggs
13. Birthplace New Iberia, La. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Comfort Buie
15. Birthplace Winnsboro, La. (City, town, or county) (State or foreign country)

16. (a) Informant J. F. Carter
(b) Address Lebanon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Winnsboro, La.

18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo.

19. (a) 7-13-48 (Date received local registrar) (b) Tressie B Lynly (Registrar's signature) 4171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24 year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12/26, 1947, to 5/24, 1948 that I last saw her alive on May 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Glioma of brain	5 mos
	5 days
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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

23. Signature Paul A Jenkins MD (M.D. or other)

Address Lebanon, Mo. Date signed 5/24/4

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

S-16816

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 R. L. Palmer, Registered Apprentice No. ~~2208~~ 84, working under my personal supervision.

Signed S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.