

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19895

State File No. _____

Registration District No. 157

Primary Registration District No. 4247

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: _____
(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 Jasper 49
(c) City or town Jasper
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rhoda Ellen Carter

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

4. Sex Female 5. Color or race _____
6. (b) Name of husband or wife James C. Carter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 19 1862 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Beaver Co. Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

MOTHER FATHER

12. Name W. F. Hoan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Christina Sailer
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester Carter

(b) Address 700 Parkway, Mo.

17. (a) Burial (b) Date thereof 6-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery

18. (a) Signature of funeral director J. B. Clinton

(b) Address _____

19. (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g) _____ (h) _____ (i) _____ (j) _____ (k) _____ (l) _____ (m) _____ (n) _____ (o) _____ (p) _____ (q) _____ (r) _____ (s) _____ (t) _____ (u) _____ (v) _____ (w) _____ (x) _____ (y) _____ (z) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1-48 to 6-11-48 that I last saw her alive on 6-4-48 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of skin, Pelvic tumor, Probable Cancer. Duration 8 years.

Other conditions: _____ (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature: W. H. Knott, M.D. (M. D. or other) _____ Address: Jasper, Mo. Date signed 6-17-48

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

900

Handwritten notes and scribbles, including "11-20-50" and "1-1-51".

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: *Howard E. Simpson*

Licensed Embalmer No. *4288*

P. O. Address: *Jasper 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.

Handwritten notes and scribbles at the bottom left of the page.