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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948
Registration District No. 2400

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 20096
Registrar's No. 548

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(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 Mo. (b) County Macon 61
(c) City or town Macon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Josephine 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 Walter Carter
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept 2" (Month) 1896 (Day) (Year)

8. AGE: Years 51 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Adair Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business House Wife
MOTHER FATHER
12. Name William Martin
13. Birthplace D.K. (City, town, or county) (State or foreign country)
14. Maiden name Jenette Morgan
15. Birthplace D.K. (City, town, or county) (State or foreign country)
16. (a) Informant Walter Carter
(b) Address Macon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon Mo.
19. (a) 7/6/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12" year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 10, 1948, to May 12, 1948, that I last saw her alive on May 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	2 days
Due to Arterio sclerosis and obesity	1 yr or more
Due to	
Other conditions (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 0

23. Signature Pronoway (M. D. or other)
Address Macon Mo Date signed 6-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1955

OCT 1 1954

RECEIVED
District Health Officer No. 19
District File Number 7-48-1225
Date Filed JUL 13 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 James le. Cleaver Registered Apprentice No. 515 working under my personal supervision.

Signed O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.