FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26966

FILED SEP 7 1948

Registration District No. 1944 — Primary Registration District No. 5711 — Registrar's No. 11

1. PLACE OF DEATH:

(a) County: McDonald

(b) City or town: Rural Elkhorn
(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 ___ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: McDonald 0

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

(d) Street No.: Stella, Mo. R# 0
(If rural, give location) 0

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

If yes, name country ___

3. (a) PRINT FULL NAME: Elza Carter

3. (b) If veteran, name war: None

3. (c) Social Security No.: ---

4. Sex: Male 0

5. Color or race: W

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

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

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

7. Birth date of deceased: November (Month) 6 (Day) 1902 (Year)

8. AGE: Years 46 | Months 9 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Farming

MOTHER FATHER

12. Name: John S. Carter

13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

14. Maiden name: Ida Brown

15. Birthplace: Kansas / (City, town, or county) (State or foreign country)

16. (a) Informant: Leland Carter

(b) Address: RockyComfort, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Cem, Stella, Mo.

18. (a) Signature of funeral director: Wm Morris Pogue

(b) Address: Wheaton, Mo.

19. (a) Sept. 2, 1948 (Date received local registrar) (b) O. E. Plumley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 3 minute 20. P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death: Lightning Stroke — Duration

Due to: ___

Due to: ___

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): Accident

(b) Date of occurrence: 8-25-48

(c) Where did injury occur? Stella, McDonald Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)

While at work? ___ (e) Means of injury: Lightning

23. Signature: R. M. Humphrey M.D. (M. D. or other)

Address: Pineville, Mo. Date signed: 8-31-48

(Licensed Embalmer's Statement on Reverse Side)

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheatland 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.