

FILED OCT 4 1948

Registration District No. **64**

Primary Registration District No. **4110**

Registrar's No. **60**

1. PLACE OF DEATH  
(a) County **Chariton**  
(b) City or town **Salisbury**  
(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 **whole life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Chariton**  
(c) City or town **Salisbury**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Robert Berry Carter**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **495-01-4549**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **18**  
year **1948** hour **11** minute **30 P.M.**

4. Sex **Male** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Lena Carter** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **Aug 11 1896**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 10**, 19**48**, to **Sept 18**, 19**48**,  
that I last saw him alive on **Sept 18**, 19**48**,  
and that death occurred on the date and hour stated above.  
Immediate cause of death: **Mononucleus leucemia**  
Duration **5 mos**

8. AGE: Years **52** Months **1** Days **8**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **merchant**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name **John Carter**  
13. Birthplace **Chariton Co. Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Hurt**  
15. Birthplace **Chariton Co. Mo**  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant **Lena Carter**  
(b) Address **Salisbury Mo**

23. Signature **F. L. Adams** (M. D. or other) **MA.**  
Address **Salisbury Mo** Date signed **9.22-48**

17. (a) **Burial** (b) Date thereof **9-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salisbury**  
18. (a) Signature of funeral director **Geo S Winkelman**  
(b) Address **Salisbury Mo**

19. (a) **9/21/48** (b) **F. W. Hawley**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 10-2-48

DEC 7 1954

OCT 1 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Chas. B. Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address..... *Salisbury*

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.