S. No. 300
M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29629

Registration District No. 144 — Primary Registration District No. 4235 — Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Annapolis
(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 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Annapolis
(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 William Sherman Carlton
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Delora Carlton
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased August 8 1873 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Howell Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Edward Carlton
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Stickley
15. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delora Carlton
(b) Address Annapolis Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Annapolis Missouri
18. (a) Signature of funeral director White Funeral Home
(b) Address R. S. White Ironton Missouri
19. (a) 9-28-48 (Date received local registrar) (b) Avis Jones (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 8-11-48, 19__, to 9-8-48, 19__; that I last saw him alive on 8-21-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Carcinoma of Prostate~~ — Duration ?
Due to
Due to
Other conditions Senility
(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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. E. Harland (M. D. or other) M.D.
Address Ironton, Mo Date signed 9-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Office No. 4

Number 948-120

9-25-48

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Russel J. White

Licensed Embalmer No. 3012

P. O. Address Lewiston Me

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.