

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8998

State File No. \_\_\_\_\_

543

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington 3 Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway No 24 Lexington Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 1</u> <u>not Kansas</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>D</u> c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 20, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</u>	11. BIRTHPLACE (State or foreign country) <u>Shawville, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Lemuel Davis</u>	
13b. MOTHER'S MAIDEN NAME <u>Roberta Keloni</u>		14. NAME OF HUSBAND OR WIFE <u>Joe F. Carter K. Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe F. Carter</u>		ADDRESS <u>Laura City Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull</u> (b) <u>Fr &amp; Hemorrhage of chest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Motor Car Collision</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Motor car accident on road</u> <u>Highway No 24 east of Lexington Mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway No 24</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Lexington</u>	COUNTY <u>Lafayette</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 13 - 1949 10:20 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Motor car collision</u>		54	
22. I hereby certify that I attended the deceased from <u>called at 10:20 A.M.</u> , to <u>10:25 A.M.</u> , that I last saw the deceased alive on <u>Feb 13, 1949</u> , and that death occurred at <u>10:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. E. Martin Mo. Coroner</u>		23b. ADDRESS <u>O. dessa mo</u>	
23c. DATE SIGNED <u>2-19-49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moundpelah Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Manuel S. Schmitt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest G. Tempel</u>	
		ADDRESS <u>Lexington Mo</u>	

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-30-49

AUG 2 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed [Signature]

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Levinton, 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.