

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

39188

**1. PLACE OF DEATH**

County Henry  
Towship Windsor  
City Windsor

Registration District No. 14  
Primary Registration District No. 4211

File No. \_\_\_\_\_  
Registered No. 30  
Ward \_\_\_\_\_

**2. FULL NAME** Joenne Carter

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29-1950

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
				<u>0</u>	<u>0</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Windsor Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER L.S. Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Douglas  
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Glaysd Johnston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Missouri

14. INFORMANT L.S. Carter  
(Address) \_\_\_\_\_

15. Filed WRC/16 on 30 J.D. Deming REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9 1950

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1950, to Dec 9, 1950 (that I last saw her... alive on Dec 9, 1950), and that death occurred, on the date stated above, at 7 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Haemorrhage New Bone.  
16 hr (Haemorrhage into Brain)

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTAINED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) H. Howell, M. D.  
, 19 (Address) Windsor Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Missouri

DATE OF BURIAL 12-10-50

20. UNDERTAKER HUSTON'S FUNERAL CHAPEL

ADDRESS WINDSOR

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1951

