

REC'D APR 18 1939

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

10935
Do not use this space.

1. PLACE OF DEATH
 (a) County Henns 2 Registration District No. 347
 (b) Township _____ Primary Registration District No. 3018
 (c) City Clinton 1 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margine Margaret Carter
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capt W F Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1860

7. AGE YEARS 78 MONTHS 2 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

FATHER
 13. NAME James H Kennedy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

MOTHER
 15. MAIDEN NAME Mary I Martin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo

17. INFORMANT (ADDRESS) Harris Kennedy Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3/3/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consalus & Beck Clinton Mo

20. FILED 3-7-39 D J R Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Mar 1 1939
 I last saw her alive on Mar 1 1939 Death is said to have occurred on the date stated above, at 4:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Hypertensive
Cardio-vascular
disease unknown
4/2/39
 Other contributory causes of importance:
late toxemia Feb 24/39

Date of onset _____

Name of operation None Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) S B Dyer, M. D.
Clinton, Mo (Address)

Huntress

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-29-65-8

Date Filed 4-17-39

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 J. E. Conslaw.

Licensed Embalmer No. 1891

P. O. Address.....

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, above space should be left blank.