

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10315**
Registrar's No. **32**

Registration District No. **19437**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton mo**
(c) Name of hospital or institution **211. Mills Home**
(d) Length of stay: In hospital or institution **Life**
In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **mo** (b) County **Henry**
(c) City or town **Clinton mo**
(d) Street No. **211. Mills St**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **James Price Carter**
3. (b) If veteran name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **31st**
year **1943** hour **9-** minute **40 A.M.**

4. Sex **M** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **1862** years

21. I hereby certify that I attended the deceased from **Dec 28**, 19**42** to **Dec 28**, 19**42**
that I last saw him alive on **Dec 28**, 19**42**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Sept 14-1862**
8. AGE: Years **80** Months **4** Days **17**
If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage**
Due to
Due to

9. Birthplace **St Clair Co mo**
10. Usual occupation **Laborer**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name **George Carter**
13. Birthplace **St Clair Co mo**
14. Maiden name **unknown**
15. Birthplace **unknown**

Major findings: **870!**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Nora Carter**
(b) Address **Clinton mo**
17. (a) **Clinton Col Cem** (b) Date thereof **Feb 2-43**
(c) Place: burial or cremation **Clinton Col Cem**
18. (a) Signature of funeral director **Spertson**
(b) Address **Clinton mo**
19. (a) **February 2, 1943** **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) Means of injury
23. Signature **Dr. R. S. Hatterwood**
Address **Clinton mo**

RECEIVED

District Health

District File Number

Date Filed

Office No. 7,

2-43-64

3-8-43

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 me

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

Signed W. Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.