

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10316

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

FILED APR 14 1943 7  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4218

Registrar's No. 57

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution: 501 E. Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 501 E. Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Pope Carter  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February Day 10  
Year 1943 hour 6:15 a m. Minute \_\_\_\_\_ M.

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Luella Douglas Carter  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Jan 6 1943 to Feb 9 1943  
that I last saw him alive on Feb 9 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: July 28 1853  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
89 6 12 hr. min.

Immediate cause of death Coronary Sclerosis  
Due to old age

9. Birthplace St. Charles County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired (Groceryman)

Other conditions (Include pregnancy within 3 months of death) g4d  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Joyce Duncan  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs. Will Marti  
(b) Address Windsor, Missouri  
17. (a) Burial (b) Date thereof 2-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Windsor, Missouri  
18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor, Missouri  
19. (a) March 10, 1943 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

23. Signature Ray B. Jordan (M. D. or other) \_\_\_\_\_  
Address Windsor, Mo Date signed 2/11/43  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

0069 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No: 7;

District File Number 3-45-102

Date Filed 4-12-43

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.....

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

working under my personal supervision.

Signed: Edwill Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.