REC'D JUN 23 1938

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

19281
Do not use this space.

1. PLACE OF DEATH
(a) County Rolls
(b) Township Center
(c) City
(d) Street No. , St.
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 725
Primary Registration District No. 5956
Registered No.

2. PRINT FULL NAME Glen R Carter 636
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1909
7. AGE YEARS 29 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) June 1936
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ill

FATHER
13. NAME Ernest C Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Pearl Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Ernest C Carter New London Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta Ill DATE May 29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gilles R Huese Center Mo
20. FILED May 29 1938 Gilles R Huese Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to May 27, 1938
I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 500 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	3/38.
25	

Other contributory causes of importance:

T.B. Peritonitis	June 1935

Name of operation Date of
What test confirmed diagnosis? Hy. Exam 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? No
If so, specify
(Signed) C. H. Brooks, M. D. O.
(Address) Center, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, May 27, 1938, or by .....

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

Signed Geo R Kulse

Licensed Embalmer No. 3356

P. O. Address Cuter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.