

REC'D MAR 16 1939

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

6214

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 172
(b) Township Wayland Primary Registration District No. 5240 Registered No. _____
(c) City _____ (d) Street No. _____
(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

636 James Jacoby 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Sherman Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 - 1857

7. AGE YEARS 81 MONTHS 3 DAYS 0 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer

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) Mo.

FATHER 13. NAME Daniel W. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Margarett Palmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Virgil Carter

18. BURIAL, CREMATION, OR REMOVAL PLACE Musselfort DATE Feb 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelman Salisbury, Mo.

20. FILED 2/1 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1939 to Feb 1 1939

Next saw him alive on Jan 31 1939 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?

Generalized atherosclerosis 7

Other contributory causes of importance: Fracture right 3rd rib 2-15-39

Name of operation None Date of _____

What test confirmed diagnosis? None 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 _____

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) Geo. B. Winkelman M. D.

(Address) Salisbury, Mo

1948
11/16/48

Date Filed 3/9/39
License No. 8
Health Officer No. 8

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 _____

Licensed Embalmer No. _____

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6214
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton
(b) Township Wayland
(c) City.....
(e) Length of residence in city or town where death occurred

Registration District No. 173
Primary Registration District No. 2240

Registered No.....

(d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Jacob Carter

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 1939, to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 3 0

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....

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.....

Date of onset

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE.....19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED.....19.....

Local Registrar

Chc. Myocarditis
Generalized arteriosclerosis
1962
Other contributory causes of importance:
Fracture right 3rd rib
caused by fall 1-15-39

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury 1-15-39
Where did injury occur? by travel, Chariton, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury fracture right 3rd rib

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) F. L. Harms, M. D.
(Address) Salisbury mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

