

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

7915
 Do not use this space.

REG'D MAR 16 1939

1. PLACE OF DEATH Saline. Registration District No. 796
 (a) County Saline. Primary Registration District No. 3038
 (b) Township Marshall, Missouri. Registered No. 30
 (c) City Marshall, Missouri. (d) Street No. 7606 1/2 Astwood 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 Lucy Baldwin Carter.
 (a) Residence, No. 636 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1856.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General House
 9. Industry or business in which work was done, as saw mill, bank, etc. Work.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febry-14-39
 I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Feb 14 1939
 I last saw him alive on Feb 4 1939. Death is said to have occurred on the date stated above, at 7 AM.
 The principal cause of death and related causes of importance were as follows:
Acute Regurgitation
 Date of onset 920
 Other contributory causes of importance:
Cardiac Asthma

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co., Mo.
 FATHER 13. NAME William Baldwin Carter.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.
 MOTHER 15. MAIDEN NAME Angeline Taylor.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albemarle Co Virginia.
 17. INFORMANT L R Mead
 (ADDRESS) Marshall Missouri.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Slater, City Cemetery. Febry-16-39.
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones & Salzer
Slater, Mo.
 20. FILED 2-15-39 Mary Kent
Dep. Local Registrar.

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?..... 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) L R Mead, M. D.
Slater Mo
 (Address).....

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. 8,
District File Number
Filed 3/10/39

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~~ *only*.....
working under my personal supervision., Registered Apprentice No.

[Handwritten signature]

Signed *[Handwritten signature]*
Licensed Embalmer No. *314*
P. O. Address *Water 7*

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.