

REC'D MAY 22 1939

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

16280
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 819
 (b) Township Morley Primary Registration District No. 606 Registered No. _____
 (c) City Near Morley (d) Street No. _____ 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 636 Clemmie Carter Jr.

(a) Residence, No. Morley, Mo 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 Color 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 27

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. Farmer
 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) Octibiha County Mississippi

FATHER 13. NAME Clemmie Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Octibiha County, Mississippi

MOTHER 15. MAIDEN NAME Grenella Rogers,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Octibiha County, Mississippi

17. INFORMANT (ADDRESS) Clemmie Carter, Morley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin, Mo DATE 4/29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nunnelee Funeral Home Charleston, Missouri

20. FILED _____, 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19 _____

22. I, HEREBY CERTIFY, That I attended deceased from April 12, 1939 to April 27, 1939
 I last saw him alive on April 27, 1939 Death is said to have occurred on the date stated above, at 2:30 am

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

Influenza complicating tubercular pneumonia with emphysema

Date of onset _____

Other contributory causes of importance: 11a

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? _____

If so, specify _____ (Signed) W. P. Haw, M. D.

(Address) Benton, Mo.

N. B.—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.

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

16280
Do not use this space.

1. PLACE OF DEATH
 (a) County Scott Registration District No. 819
 (b) Township Marley Primary Registration District No. 6068 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 Clemmie Carter Jr.
 (a) Residence, No. Marley mo 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 m 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Octibaha, Co. Miss

FATHER 13. NAME Clemmie Carter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Octibaha Co Mo

MOTHER 15. MAIDEN NAME Krenella Rogers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Octibaha Co Miss

17. INFORMANT (ADDRESS) Clemmie Carter Marley mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullen mo DATE 4/29, 1939

19. FUNERAL DIRECTOR (ADDRESS) Nursene Funeral Home Charleston mo

20. FILED June 13 39 Mrs J Daugherty Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr 17 1939 to Apr 27, 1939. I last saw h. w. alive on Apr 27, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m. The principal cause of death and related causes of importance were as follows:
Influenza complicating Broncho Pneumonia with Empyema Date of onset _____

Other contributory causes of importance: _____

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? _____ If so, specify _____

(Signed) Z. P. Haw, M. D.
 (Address) Benton mo

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

