

REC'D JUL 17 1939

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

22933

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 1 Primary Registration District No. 3032
(c) City Sedalia (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

(a) Residence, No. 636 Frank Carter St. 313 E Johnson 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gallie Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1880
7. AGE YEARS 59 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
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) Santa Fe, New Mexico
FATHER 13. NAME Allen Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
MOTHER 15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
17. INFORMANT Mrs Gallie Carter
(ADDRESS) 313 E Johnson
18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE June 24, 1939
19. FUNERAL DIRECTOR (NAME) Price O'Day
(ADDRESS) 460 W Cooper St
20. FILED 6-24-39 Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1939

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1939, to June 21, 1939
Last saw him alive on 6-21-1939. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____
(Signed) A.R. Maddox, M. D.
(Address) 116 1/2 W. Main

RECEIVED
District Health Officer No. 8,
District File Number
7/13/39
Date Filed

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,

Price Alexander

....., or by

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

Signed.....

Price Alexander

Licensed Embalmer No.....

3572

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.