

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

26976
 Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH

(a) County Leathland Registration District No. 812
 (b) Township Wagon Wheel Primary Registration District No. 6053
 (c) City Granger (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. George Allen Carter _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1860

7. AGE YEARS 79 MONTHS 0 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Clark Co. Mo

FATHER 13. NAME Charles Carter

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

MOTHER 15. MAIDEN NAME Mary Shields

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

17. INFORMANT (ADDRESS) Mrs May Smith Granger Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Country DATE July 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geeth A. Borkert 214 Granger Mo

20. FILED Aug 7 1939 Cliff L. Hittinger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939

22. I HEREBY CERTIFY, That I attended deceased from man 1936, to July 3 1939

I last saw deceased on July 1 1939. Death is said to have occurred on the date stated above at 6:45 AM
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance: 42C

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) Lawrence E. Lowe D.D.

(Address) Granger Mo

RECEIVED

District Health Officer No. 10

District File Number 839-1485

Date Filed AUG 12 1939

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.....

Fredrick Smith, Jr., Registered Apprentice No. 168
working under my personal supervision.

Signed Geo W. Baskett

Licensed Embalmer No. 1817

P. O. Address My records

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

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CERTIFICATE OF DEATH

26976

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1. PLACE OF DEATH

(a) County Seelye Registration District No. 812
 (b) Township Thompson Primary Registration District No. 6053 Registered No. 10
 (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 George Allen 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 4

OCCUPATION 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) Clare Co Mo

FATHER 13. NAME Charles Carter

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

MOTHER 15. MAIDEN NAME Mary Shields

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

17. INFORMANT (ADDRESS) Mary Smith
George

18. BURIAL, CREMATION, OR REMOVAL PLACE Combs Cenu DATE July 4 1939

19. FUNERAL DIRECTOR (ADDRESS) Garth + Beckett
1072

20. FILED 9/11 1939 PTA Baker MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1939 to July 3 1939
 I last saw h. alive on July 1 1939 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:

@ Chronic Myo Carditis 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 Laurence E. Lawrence MD
 (Signed) Lurray Mo
 (Address)

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

5-26976

1939