

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

41486

Do not use this space.

10609

1. PLACE OF DEATH

- (a) County 2 Registration District No.
 (b) Township 1 Primary Registration District No.
 (c) City (d) Street No. X 4218 W N. Market St. Registered No.
 (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 TAMARA CARTER.

- (a) Residence, No. 4218-NORTH-MARKET St. 11 (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 FEMALE	4. COLOR OR RACE COL	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT CARTER.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1892		
7. AGE YEARS 43	MONTHS 3	DAYS 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE		
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) Sept-1939		11. Total time (years) spent in this occupation 27
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
13. NAME RICHARD REYNOLDS.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.		
15. MAIDEN NAME MEMA-SMETHRES.		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
17. INFORMANT ERNSET ROBINSON (ADDRESS) X 4218 W N Market		
18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 12-12-39		
19. FUNERAL DIRECTOR (NAME) HERMAN J. SMITH. (ADDRESS) 4247-W. SABADIE		
20. FILED DEC 12 1939 J. B. ... Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1939, to 12-7, 1939

I last saw him alive on 12-7, 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:

Pulmonary Tuberculosis

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) J. W. Wilkerson, M. D.
 (Address) 3200 1/2 Truman Ave.

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.

SP-1 X1665

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 Henry Hoodlin
Licensed Embalmer No. 3050
P. O. Address 427 W. Hubbard

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.