

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 343

1. PLACE OF DEATH: 2
(a) County CALLAWAY
(b) City or town FULTON
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED: 1
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 907 COURT ST
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME MARGARET ANN CARTER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 30
year 1939 hour 4 minute 40 A.M.

4. Sex FEMALE 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife JOHN R. CARTER
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 12/5/39
_____ 19____, to 12/29/39 19____;
that I last saw him alive on 12/29/39 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 4 1845
(Month) (Day) (Year)

Immediate cause of death Pneumonia, bronchial Duration
bilateral following mitral
stenosis, of several weeks standing.
Due to all following age, 94 years.

8. AGE: Years 94 Months 0 Days 26 If less than one day
hr. _____ min. _____

Due to _____
Other conditions 92
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name John Fletcher
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)
14. Maiden name Judith Simcoe
15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: No operation.
Of operations _____
Of autopsy No a utopsy

16. (a) Informant's own signature Dorothy Carter
(b) Address _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof Dec. 31, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation High Crest
18. (a) Signature of funeral director Glen Y. Mansin
(b) Address 700 Cant St Fulton, Mo.
19. (a) Dec 31 1939 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature George W. Park (M. D. or other) _____
Address Fulton Mo. Date signed 1/1/40

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

John D. Batchelder, Registered Apprentice No. 192
working under my personal supervision.

Signed Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, Mo.

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.