

## STANDARD CERTIFICATE OF DEATH

State File No. 6224Registration District No. 35Primary Registration District No. 3010Registrar's No. 26

## 1. PLACE OF DEATH:

(a) County Carroll  
 (b) City or town Carrollton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 1/2 years, months or days8. (a) PRINT FULL NAME JESSIE TULL CARTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Carter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 17, 1859  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri Mo. A  
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Joseph Carter

13. Birthplace Ky. Ky.  
 (City, town, or county) (State or foreign country)

14. Maiden name Messia Tull

15. Birthplace Unk. S.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Starnes(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof Feb 25, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pat Hill Cemetery18. (a) Signature of funeral director Willis Marshall(b) Address Carrollton Mo.

19. (a) 2/24-40 (b) John Haskins  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Carrollton  
 (If outside city or town limits, write "RURAL")

(d) Street No. 506 W. Benton St.  
 (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
 year 1940 hour 11:00 PM, minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-22, 1940, to 2-22, 1940

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis Duration 3 yrs.

Due to \_\_\_\_\_

Due to 121

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(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? \_\_\_\_\_

136 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. S. Atwood (M. D. or other) \_\_\_\_\_

Address Carrollton Mo Date signed 2/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Rev. 5-17-39 I 110511

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

RECEIVED  
District Health Officer No. 8,  
District File Number 3/7/40  
Date Filed 3/7/40

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

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Camden Md.

**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.**