

FILED MAR 4 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 578

Primary Registration District No. 4-894

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County McDonald  
 (b) City or town Rural McMillen  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) \_\_\_\_\_  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 14 years (Specify whether years, months or days) \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County McDonald  
 (c) City or town Anderson Mo Rte #1  
 (If outside city or town limits, write "RURAL") Rural  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** GEORGE WASHINGTON 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 Francis Carter  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased March 1, 1876  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 25  
 year 1940 hour 7:00 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Jan 25  
 1940 to Jan 25 1940  
 that I last saw him alive on Jan 25 1940  
 and that death occurred on the date and hour stated above.

**8. AGE:**  
 Years 63 Months 10 Days 24  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arteriosclerosis  
 Due to Influenza  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 110

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

10. Usual occupation Farming

**11. INDUSTRY OR BUSINESS**  
 12. Name James Carter  
 13. Birthplace Ill  
 14. Maiden name Mary Bennett  
 15. Birthplace Unknown

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Francis Carter  
 (b) Address Anderson Mo Rte #1

17. (a) Burial (b) Date thereof 1-25-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Trifletts

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? \_\_\_\_\_

18. (a) Signature of funeral director Charles Williams  
 (b) Address Goodman Mo

While at work \_\_\_\_\_ (Specify type of place)  
 23. Signature L. H. Church (M. D. or other) \_\_\_\_\_  
 Address Anderson Mo Date signed 1-26-40

19. (a) Rec'd 24 (b) M. L. Hatcher  
 (If received local registrar) (Registrar's signature)  
413

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

60

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**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.....

Licensed Embalmer No.....

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:**