

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

21625

State File No. _____

Registration District No. 250

Primary Registration District No. 5349

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town "Rural" Monroe Township
 (c) Name of hospital or institution:
12 Miles South East Gallatin, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 21 Years
 years, months or days)

3. (a) PRINT FULL NAME Etha Almina Carter 436
 8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Alvin H. Carter 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 24 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____
 12. Name Gilbert Evans
 18. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Hitchcock
 15. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant R. N. Carter
 (b) Address R.R. 2 Nevada, Missouri

17. (a) Burial (b) Date thereof 6-23-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Jamesport, Mo.

18. (a) Signature of funeral director Hope Burns, Stand. Co.
 (b) Address Gallatin, Missouri

19. (a) June 29-40 (b) A. J. Hope
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town "Rural" Monroe Township
 (If outside city or town limits write "RURAL")
 (d) Street No. 12 Miles South East Gallatin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 21
 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 21st 1940 to Feb. 28th 1940, that I last saw her alive on Feb. 21st 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs
 Duration 2yrs

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____
 While at work? 227 (Specify type of place) (e) Means of injury _____

23. Signature A. R. Wilsey (M. D. or other) _____
 Address Preckenridge, MO Date signed June 29, 1940

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

MOTHER FATHER

RECEIVED
District Health Officer No. 11,
District File Number 740-1199
Date Filed JUL 11 1940

Morse

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 *L. O. Richesson*

Licensed Embalmer No. 3302

P. O. Address *Fallston, 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.