

No. 2
4-13-40
5-17-39
I X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25466**

Registration District No. 117 Primary Registration District No. 3024 Registrar's No. 75

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution:
 726 S. WALKER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 726 S. Walker
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Hazel Myrtle Carter
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10
year 1940 hour 8 minute 0 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Benjamin F. Carter
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug 1, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1940 , to July 10, 1940
that I last saw her alive on July 10, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 11 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to over work + over heat
Due to _____

Duration 30 min

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

Other conditions (Include pregnancy within 3 months of death) 87 W

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Dr. W. C. May
13. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant B. F. Carter
(b) Address 726 S. Walker Webb City

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 7/12/1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery

(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? 377

18. (a) Signature of funeral director Webb City Burial Co.
(b) Address Webb City, Mo

(Specify type of place) While at work? _____ (c) Means of injury _____

19. (a) JULY 12, 40 (b) J. L. Fitchett, D.
(Date received local registrar) (Registrar's signature)

23. Signature P. M. Stormont, M.D.
Address Webb City, Mo Date signed 7/12/40

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

19
11
2

40-8-252

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

Wayne M. Johnston

Licensed Embalmer No.

3,922

P. O. Address

Webb City, 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, fact should be so stated above.