

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

FILED JUN 12 1941

STANDARD CERTIFICATE OF DEATH

State File No. 17985

Registration District No. 386

Primary Registration District No. 4207

Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL
 (b) City or town WEST PLAINS,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
702 WEBSTER AVE /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
(Specify whether)
 In this community 63 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL MO
 (c) City or town WEST PLAINS,
(If outside city or town limits, write "RURAL")
 (d) Street No. 702 WEBSTER AVE
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE VOLNEY 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 EDNA DRESSLER CARTER
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased JUNE 4 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace WEST PLAINS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation MANAGER,

11. Industry or business HOWELL COUNTY CREDIT BUREAU

12. Name GEORGE HARRISON CARTER
 13. Birthplace HARRISBURG, PA.
(City, town, or county) (State or foreign country)
 14. Maiden name MARY RANKIN
 15. Birthplace SCOTLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Howell Carter
 (b) Address WEST PLAINS, MO

17. (a) BURIAL (b) Date thereof MAY 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation WEST PLAINS MO.
OAK LAWN CEM.

18. (a) Signature of funeral director Hal Thompson
 (b) Address WEST PLAINS, MO.

19. (a) 5-18-41 (b) Lida W SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16,
 year 1941 hour 8: minute 45 A.M.

21. I hereby certify that I attended the deceased from May 6 1941 to May 16 1941;
 that I last saw him alive on May 14 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Duration _____

Due to Acute diffuse nephritis

Due to _____

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

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?
3411
(Specify type of place)

While at work _____ (e) Means of injury _____
 23. Signature [Signature]
 Address West Plains, Mo. Date signed _____

130-

No. 38
1-22-11

RECEIVED

District Health Officer No. 5,

District File Number 6411693

Date Filed _____

of

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 384

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County Hawell

(b) City or town West Plains
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Geo. Volney Carter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month May day 16
year 1944 hour _____ minute _____ M.

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

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Immediate cause of death uremia

Duration _____

8. AGE: Years Months Days If less than one day

63	11	12	hr. _____ min. _____
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Due to acute diffuse nephritis

Due to staphylococcal sepsis of the chest

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter W. Carter (M. D. or other) _____
Address West Plains, Mo. Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-17985