No. 2
11-10-39
5-17-39
I X21492

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19284

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 146

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

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Rural (Washington Tp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. # 3 ()

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

(d) Length of stay: In hospital or institution 34 yr. 4 mos + (Specify whether

In this community Same years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 2921 Joplin (If rural, give location)

(e) If foreign born, how long in U. S. A.? No 1 years.

3. (a) PRINT FULL NAME Chas. M Carter

3. (b) If veteran, name war unknown

3. (c) Social Security No. DK

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive DK years

7. Birth date of deceased July (Month) 25 (Day) 1879 (Year)

8. AGE: Years 61 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) / Kan. (State or foreign country)

10. Usual occupation Grocery Salesman

11. Industry or business — Grocery

FATHER
12. Name John W Carter
13. Birthplace Monett (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Musleher
15. Birthplace Monette (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. T. J. Malloy

(b) Address 2323 Wall St. Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Joplin Mo.

18. (a) Signature of funeral director Hurlbut Undt Co.

(b) Address 212 Joplin St. Joplin Mo.

19. (a) 5/13/41 (Date received local registrar) (b) Allen O. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1941 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Jan. 1st, 1940, to 5/13/41, 19..; that I last saw him alive on May 12th 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

Due to

Due to

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

23. Signature I A Hopkins (M. D. or other)

Address Nevada Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-41-960
Date Filed 6-10-41

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 Sam E. Sweeney Jr.

Licensed Embalmer No. 4099

P. O. Address Joplin 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, above space should be left blank.