

0. 2  
4-41  
7-39  
X26390

STANDARD CERTIFICATE OF DEATH

State File No. **226452**

FILED JUL 16 1941

Registration District No. **5 711**

Primary Registration District No. **5940 4426**

Registrar's No. **16**

**1. PLACE OF DEATH:**

(a) County **Pulaski**

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

(c) Name of hospital or institution:  
**in town Dixon /**  
(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

3. (a) PRINT FULL NAME **Mary Jane Carter**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female /** 5. Color or race **White**

6. (a) Single, widowed, married, divorced / **Married**

6. (b) Name of husband or wife **B. F. Carter** 6. (c) Age of husband or wife if alive **88** years

7. Birth date of deceased **7 31 1858**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Lanes Prairie Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Joseph Hart**

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name **Caroline Walker**

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

16. (a) Informant **Dixon Mo.**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **6 8 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dixon**

18. (a) Signature of funeral director **The Birmingham**

(b) Address **Vienna, Mo.**

19. (a) **June 10, 1941** (b) **A. S. Lick**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Pulaski**

(c) City or town **Dixon, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **6th**.  
year **41** hour **2 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 1st** 19**41** to **June 6 - 1941**  
that I last saw **her** alive on **June 6 - 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **deformities of age.** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to **old age.** **1 1/2 hr**

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 **A. J. Briden** (M. D. or dentist)  
Address **Dixon, Mo.** Date signed **6/7/41**

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

RECEIVED

Pulaski County Health Officer

File Number 74119

Date Filed 7-2-41

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

*M. O. Brumfield*

Licensed Embalmer No.

*3664*

P. O. Address

*Geneva, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.