. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

11 P.M. 24

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3327

Registration District No. FILED FEB 11 1942

Primary Registration District No. 5976B

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rayville (Richmond)
(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 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Rayville 0
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah Ellen Carter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Warren Carter

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

7. Birth date of deceased June (Month) 3 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	21	hr. min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name John Lance
13. Birthplace Missouri (City, town, or county) [redacted] (State or foreign country)

MOTHER
14. Maiden name Malindia Athens
15. Birthplace Nashville, Tenn. (City, town, or county) [redacted] (State or foreign country)

16. (a) Informant Andrew S. Swafford
(b) Address Excelsior Springs Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-42 (Month) (Day) (Year)
Ray Co
(c) Place: burial or cremation Sanderson Cemetery

18. (a) Signature of funeral director Claude Buchard
(b) Address Excelsior Springs, Mo.

19. (a) Jan 26, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942, to Jan 24, 1942
that I last saw her alive on Jan 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Chronic Interstitial Nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of left ear apparently cured	

Major findings:
Of operations
Of autopsy — 131a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Oletus E Buehrer (M. D. or other)
Address Lawson Date signed Jan 26, 1942

1144

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-10-42

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 Claude Richard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs, 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.