

FILED DEC 16 1942 334

Primary Registration District No. **2116**

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

1. PLACE OF DEATH:

(a) County **SCOTT**

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

(c) Name of hospital or institution: **Sikeston - R.F.D #2 Box 124A**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **18 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **SCOTT** **100**

(c) City or town **BLODGETT - RURAL** **5**
(If outside city or town limits, write "RURAL")

(d) Street No. **Sikeston R#2 Box 124A**
(If rural, give location)

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

3. (a) PRINT FULL NAME **WILLIAM CARTER**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **10TH**
year **1942** hour **5** minute **A** M.

4. Sex **MALE** 5. Color or race **2 COLOR**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY CARTER**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **DECEMBER 10 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning** **Duration** _____
accident

8. AGE:

Years	Months	Days	If less than one day
71	3	0	_____ hr. _____ min.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace **STATE OF ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **FARMING**

MOTHER FATHER

12. Name **LOSSON CARTER**

13. Birthplace **STATE OF MISSISSIPPI**
(City, town, or county) (State or foreign country)

14. Maiden name **SALLIE CARTER**

15. Birthplace **STATE OF MISSISSIPPI**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **MARY CARTER**

(b) Address **Sikeston, Mo R#2 Box 124A**

17. (a) BURIAL (b) Date thereof **3-11-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ **V100**

(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? _____

(c) Place: burial or cremation **SUNSET CEMETERY - Sikeston, Mo**

18. (a) Signature of funeral director **John F. Mumford**

(b) Address **CHARLESTON, Mo**

19. (a) 1-10-42 (b) **W. J. Mumford**
(Date received local registrar) (Registrar's signature)

23. Signature **W. J. Mumford**
(Specify type of place) (c) Means of injury

While at work? _____

Address **Charleston Mo** **Date signed** **1/10/42**

RECEIVED

District Health Office No. 2,

District File Number 1242-1688

Date Filed 12-15-42

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.....

Licensed Embalmer No.....

P. O. Address.....

Not Embalmed

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

State File No. 42157

Registration District No. 334

Primary Registration District No. 6116

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural
(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 MO. (b) County Scott
(c) City or town Blodgett
(If inside city or town limits, write "RURAL")
(d) Street No. Liberty St 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Carter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I first saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death drowning accident Duration _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 64 years (Day) (Year)
7. Birth date of deceased 12 25 1877
(Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wessa Carter

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

14. Maiden name Sally Carter

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

16. (a) Informant Carter

(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)

Due to Due to advance age - Wandering away from fence after night and found on road near home
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.
183 3 30

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence MAY 10, 1942
(c) Where did injury occur? _____ (City or town) (County) (State)
(b) 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 Clyde Poe (M-D or other) _____
Address Dear MO. Date signed 5/10/42

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

MOTHER FATHER

SUPPLEMENTARY

Dr. James Stewart.
Jefferson City Missouri.

Dear Sir.

I am in receipt of Supplementary Death certificate of William Carter asking that I fill item 22 giving full details of the injury. This supplement does not conform with my stub as too age and I have here-with enclosed duplicate of same as it appears on my records.

The information I had on this case was that this negro must have left the house after dark and was found the next morning in small pond of water near a drainage ditch. You will note on this supplement you give the age as 71 and on the certificate sent you from my office the age is 89-2-15 If you will return my original certificate I will make an effort to get this age correct, how-ever this information was given me by his son John Carter. Awaiting your reply remain.

Yours very truly.

A handwritten signature in cursive script that reads "Clyde Poe". The signature is written in dark ink and is positioned below the typed name.

Febr 5th 1943

Clyde Poe.