

FILED FEB 5 1943
Registration District No. **274**

Primary Registration District No. **3052**
Registrar's No. **20**

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

80
4

1. PLACE OF DEATH:
 (a) County **Pettis**
 (b) City or town **Sedalia**
 (c) Name of hospital or institution:
710 W 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **45 years**
 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **710 W 3**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **0**
 If yes, name country

3. (a) PRINT FULL NAME **Catherine Nahm 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 **Widowed**
 6. (b) Name of husband or wife **John W Carter** 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased **Feb. 1 1866**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **11** Days **9**
 If less than one day hr. min.

9. Birthplace **Norwalk Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER {
 12. Name **Frank Joseph Nahm**
 13. Birthplace **Baden Germany**
 14. Maiden name **Catherine Wagner**
 15. Birthplace **Alsace Lorain**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Carter**
 (b) Address **Sedalia Mo.**

17. (a) **Removal** (b) Date thereof **Jan. 12 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Norwalk Ohio**

18. (a) Signature of funeral director: **McLaughlin Bros.**
 (b) Address **Sedalia Mo.**

19. (a) **1-11-43** (b) **Anna Berger**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** Day **10th**
 year **1943** hour **2:30** minute **AM**
 21. I hereby certify that I attended the deceased from **Jan 9 1943** to **Jan 10 1943**
 that I last saw her alive on **Jan 9 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Decomposition**
 Due to **myocarditis & Cardiac hypertrophy**
 Due to **obesity**
 Other conditions: (Include pregnancy within 3 months of death)

Major findings: **9.3.43**
 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) (c) Means of injury
 23. Signature **A. J. Campbell** (M. D. or other)
 Address **Sedalia Mo.** Date signed **1-11-43**

RECEIVED

District Health Officer No. 3,

District File Number

Date

2-4-43

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

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address. Sedalia 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.