

MAY 8 1943

Registration District No. 78

Primary Registration District No. 4163

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jamesport
(c) Name of hospital or institution: home
(d) Length of stay: In hospital or institution 73 years
In this community 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town Jamesport
(d) Street No. ✓
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME HANKAH-MATILDA-CARTER

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife ELIXANDER-CARTER 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Sep 24 1859

8. AGE: Years 83 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER { 12. Name DAVID CALVIN KIMBEL
13. Birthplace Tennessee
14. Maiden name SARAH-ANDREWS
15. Birthplace Illinois

16. (a) Informant Reuel Carter (daughter)
(b) Address Jamesport Mo.
17. (a) Burial (b) Date thereof April 5th 43
(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director H.S. Robinson
(b) Address Jamesport Mo.
19. (a) 4-7-1943 (b) R.O. Fisherson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 - 1943
year 8 hour 2 minute 2 A.M.
21. I hereby certify that I attended the deceased from March 20 1943 to Apr 2 1943
that I last saw her alive on Apr 2 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure Duration

Due to Arteriosclerosis embolism

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?
(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 R.D. Thompson (M. D. or other)
Address Jamesport Mo. Date signed 4-7-43

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

de la... ..

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 H. S. Peterson

Licensed Embalmer No. 3001

P. O. Address Jamesport - 4th

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. 14142
Registrar's No. 43

Registration District No. 98

Primary Registration District No. 4163

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Jamesport
(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 73 yr (Specify whether years, months or days)

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

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

4. Sex 7 5. Color or race m 6. (a) Single, widowed, married, divorced and

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

7. Birth date of deceased Sept 24 - 1870
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Daviess
(c) City or town Jamesport (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1943 year. hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coma

heart failure

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 R. V. Thompson (M. D. or other) _____

Address Jamesport, Mo. Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-14142