

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1944
 Registration District No. 295

Primary Registration District No. 6014

Registrar's No. 4

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

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Monitor Township Monticau
(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 Missouri (b) County Randolph
 (c) City or town Monitor Township Monticau
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Alice Mary Carter
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 11
 year 1944 hour minute M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased January 9 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5 1943 to 11 1944
 that I last saw her alive on Jan 10 and that death occurred on the date and hour stated above. 1944
 Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>2</u>	hr. min.

Immediate cause of death: anemia
 Due to General debility

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Due to 73d2
 Other conditions
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: none
 Of operations
 Of autopsy no
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Murray
 (b) Address Higbee, Missouri
 17. (a) burial (b) Date thereof 1/13/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Higbee Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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

18. (a) Signature of funeral director Tom P. Patton
 (b) Address Huntsville, Mo
 19. (a) 2-1-44 (b) Mrs. P. Wagner
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Harris (M. D. or other)
 Address Higbee Mo Date signed 1/12/44

RECEIVED

District Health Officer No. 10

District File Number 2-44-265

Date Filed FEB 4 1944

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Hunterville Ind

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.