

FILED AUG 19 1944

Registration District No. _____

Primary Registration District No. **5008**

Registrar's No. **168**

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

1. PLACE OF DEATH:

(a) County **Adair**

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

(c) Name of hospital or institution:
Rural Route near Yarrow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **Life.**
years, months or days

3. (a) PRINT FULL NAME **Sterling Price Carter**

3. (b) If veteran, name war _____

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

4. Sex **0 Male**

5. Color or race **White**

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

(b) Name of husband or wife **Lettishie F. Carter**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Dec. 29 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	1	_____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER

12. Name **John Carter**

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

14. Maiden name **Mandy Waddill**

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

16. (a) Informant **Maude Diehl**

(b) Address **Kirksville, Mo.**

17. (a) **Burial** (b) Date thereof **8/2/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Temple Cemetery**

18. (a) Signature of funeral director **S. E. Riley**

(b) Address **Kirksville, Mo.**

19. (a) **7-15-44** (b) **Miss. J. Wagon**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Nind, Rural Route**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural Route.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
year **1944** hour **7:00** minute **A:** M.

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 day and year stated above.

Immediate cause of death **Shot in head with 4-10 shot gun by his own hands.** Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) **164C**

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) **Suicide**

(b) Date of occurrence **June 30, 1944**

(c) Where did injury occur? **his own home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **his home in the farm**

While at work? _____ (e) Means of injury **3 coroner**

23. Signature **W. C. Sumner** M. D. or other _____

Address **Kirksville, Mo.** Date signed **7/5/44**

RECEIVED

District Health Officer No. 10

District File Number 2-44-1376

Date Filed AUG 9 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.....

J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Keshkull

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.