

S. No. 2
007-8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25167

State File No. _____

FILED AUG 8 1944

Primary Registration District No. 4320

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra Mo.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 58 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Palmyra 2
(If outside city or town limits, write "RURAL")

(d) Street No. 708 W Church St. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Onoy Courtney Carter

3. (b) If veteran, _____ 3. (c) Social Security _____
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27
year 1944 hour 7 minute 15 A. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from August, 1944, to July, 1944, that I last saw him alive on July 26, 1944, and that death occurred on the date and hour stated above.

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

Immediate cause of death Arterio sclerotic heart disease 4 yrs. Duration

7. Birth date of deceased Marion Co. Mo. 10-18-1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>9</u>	_____hr. _____min.

9. Birthplace Marion County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Cobbler

11. Industry or business _____

12. Name Richard Carter

13. Birthplace Marion Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Laham

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lily Carter

(b) Address 708 W Church St. Palmyra Mo.

17. (a) Palmyra Mo. (b) Date thereof 7/29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra Mo.

19. (a) 7/29/44 (b) Mrs. Margaret Maddox
(Date received by registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 93d
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) (e) Means of injury _____

Signature A. M. Sprague (M. D. or other)

Address Palmyra Mo. Date signed 7/31/44

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

04
20

1145

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1944

NOV 1 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 *A. G. Sprague*.....

Licensed Embalmer No. 999.....

P. O. Address Palmyra, 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.