No. 2
4—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED JUN 5 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17631

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 148

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3 10 miles west
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 3, 10 miles west
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Jennie Ellen 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: George W. Carter
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: December 9, 1851 (Month) (Day) (Year)

8. AGE: Years 94 Months 4 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace: Columbus, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: William Wilson
13. Birthplace: Columbus, Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Charlotte unknown
15. Birthplace: unknown, Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. D.L. Middleton (dau.)
(b) Address: Route 3, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Cemetery
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Mo.
19. (a) 5/9/46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from May 6, 1946, to May 6, 1946, 19__; that I last saw her alive on May 6, 1946, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	#
Due to:	
Due to:	
Other conditions: Chronic arthritis (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? ____ (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: H. A. Hite (M. D. or other) MD.
Address: Green Ridge, Mo. Date signed 5/7/46

251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-46

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 Duane Ewing

Licensed Embalmer No. 3847

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.