

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19095

State File No.

Registrar's No. 99

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:  
 (a) County Saline  
 (b) City or town Marshall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
427 North Jefferson /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 42 Years  
 years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Saline  
 (c) City or town Marshall  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 427 North Jefferson  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 31  
 year 1946 hour 8 minute 35 P. M.  
 21. I hereby certify that I attended the deceased from May 1  
1946 to May 31, 1946  
 that I last saw him alive on May 30, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife May Carter  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased June 21, 1866  
 (Month) (Day) (Year)

Immediate cause of death  
Sanguine left foot  
 Due to Rickets  
Metilux  
 Other conditions (Include pregnancy within 3 months of death)  
 Duration 1 day  
371

8. AGE: Years Months Days If less than one day  
79 II IO hr. min.

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

9. Birthplace Madison county Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation None  
 11. Industry or business.....

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 W. H. W. F. (M. D. or other)  
 Address Marshall, Mo. Date signed 6/1/46

MOTHER FATHER  
 12. Name Robert Franklin Carter  
 13. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Wayland  
 15. Birthplace Virginia  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Tazewell Carter  
 (b) Address Marshall, Missouri  
 17. (a) Burial (b) Date thereof June 2, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union cemetery  
 18. (a) Signature of funeral director Campbell, R. R.  
 (b) Address Marshall, Mo.  
 19. (a) 6-4-46 (b) Mrs. T. O. Weschok  
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 3;

District File Number \_\_\_\_\_

Date Filed 6-11-42

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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 Geo. W. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall - 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.**