

DEPARTMENT OF COMMERCE  
BUREAU OF LICENSING  
SEP 27 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29902

State File No. ....

Registration District No. 93

Primary Registration District No. 4154

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Black  
(b) City or town Greenfield 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)

(d) Length of stay: In hospital or institution. 1  
(Specify whether

In this community 2 yrs  
years, months or days)

3. (a) PRINT FULL NAME James Alfred Carter

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orylene Carter 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Johnson co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Carter

13. Birthplace ky  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Carter

15. Birthplace Johnson co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Orylene M Carter

(b) Address Greenfield mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 9 21 46  
(Month) (Day) (Year)

(c) Place: burial or cremation Carterville mo

18. (a) Signature of funeral director Allison F. Howe

(b) Address Greenfield mo

19. (a) Sept 20-46 (b) Geo L. W. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Black 29  
(c) City or town Greenfield mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20  
year 46 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 20 46  
1946 to Sept 21 1946

that I last saw him alive on Sept 20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis  
myocardial failure

Due to

Due to

Other conditions  
(Include pregnancy within 5 months of death)

Major findings:

1. Of operations 99

Of autopsy

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 0

23. Signature J. H. ... (M. D. or other)

Address Greenfield mo Date signed 9 20 46

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

MOTHER FATHER

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**