

STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1946

State File No.

Registration District No. 1

Primary Registration District No. 5-6684287

Registrar's No. 46

1. PLACE OF DEATH:

(a) County LINCOLN  
(b) City or town TROY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57  
(c) City or town TROY 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 15  
year 1946 hour 2 minute 55 A.M.  
21. I hereby certify that I attended the deceased from Sept 14/46  
19 46 to Sept 15 19 46  
that I last saw her, alive on Sept 15 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 4 hrs  
Due to Hypertension 10 yrs.  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 83A  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

BERNADINE CARTER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased SEPT 12 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 0 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TROY, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME OF FATHERS

MOTHER FATHER { 12. Name SMITH CARTER  
13. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH JAMESON  
15. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant SMITH CARTER

(b) Address TROY, MO.

17. (a) BURIAL (b) Date thereof SEP. 17, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY CEM. TROY, MO.

18. (a) Signature of funeral director Member Funeral Home

(b) Address of funeral director Troy, Mo.

19. (a) Sept 16 - 1946 (b) Thomas B. Riddle  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 9,  
District File Number 9-46-15-5-  
Date Filed 9-18-46

OCT 11 1946

---

---

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 Joseph J. Marsh.  
Licensed Embalmer No. 3932.  
P. O. Address Pray, Missouri

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.