

FILED NOV 6 1946

X37823

Registration District No. **65**

Primary Registration District No. **4113**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **CHARITON**

(b) City or town **BRUNSWICK**
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CHARITON**

(c) City or town **BRUNSWICK**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

3. (a) PRINT FULL NAME **JOHN R. CARTER**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **6** T **17**
year **1946** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **OCT. 6**
19**46**, to **OCT. 6**, 19**46**
that I last saw him alive on **OCT 6**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **COL.**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **PETTY** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **AUGUST 14 1861**
(Month) (Day) (Year)

Immediate cause of death **acute cardiac failure**

Duration **unknown**

8. AGE:

Years	Months	Days	If less than one day
85	1	22	hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

Major findings: **W. D. Stewart, M.D.**

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation **MINISTER**

11. Industry or business

12. Name **JOHN CARTER**

13. Birthplace **DONT KNOW**
(City, town, or county) (State or foreign country)

14. Maiden name **DONT KNOW**

15. Birthplace **DONT KNOW**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. J. R. CARTER**

(b) Address **BRUNSWICK MO**

17. (a) BURNIAL (b) Date thereof **10-10-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BRUNSWICK MO**

18. (a) Signature of funeral director **R. M. [unclear]**

(b) Address **BRUNSWICK MO**

19. (a) Oct 10 - 46 (b) **W. D. Stewart**
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____

Address **Brunswick, MO** Date signed **Oct. 11**

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

MOTHER FATHER

RECEIVED

MAY 22 1947

District Health Officer No. 81

District File Number

Date Filed MAY - 2 - 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..... *L M Beisak*

Licensed Embalmer No. 823

P. O. Address Brunswick Md

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.