No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

Registration District No. 366

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6241 4536

State File No. 43708

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi
(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 Washington 110

(c) City or town Potosi 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Phyllis Joan Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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 Dec. (Month) 4 (Day) 1946 (Year)

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

9. Birthplace Potosi (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Thomas F. Carter
13. Birthplace Potosi (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Freda Dicus
15. Birthplace Potosi (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Thomas Carter
(b) Address Potosi Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 46 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director Mrs. [illegible]
(b) Address Potosi Mo.

19. (a) Dec 30 46 (Date received local registrar) (b) Mrs G F Cremule (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 10
year 1946 hour 5 minute 2:00 A.M.

21. I hereby certify that I attended the deceased from Dec. 4, 1946 to Dec. 10, 1946.
that I last saw her alive on Dec. 9, 1946.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infection of umbilical cord.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

16 B

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Joseph L. Thurman (M. D. or other)

Address Potosi, Mo. Date signed 12-17-1946

33 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Health Officer No. 4
District File Number 147-82
Date Filed 1-15-47

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 [illegible]

Licensed Embalmer No. 4236

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.