

S. No. 2
M-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7849

FILED APR 1 1947

Registration District No. 8

Primary Registration District No. 3006

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
721 Missouri Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

In this community 2 Years

3. (a) PRINT FULL NAME CORA AGNES CARTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James W. Carter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 - 2 - 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 18
If less than one day hr. min.

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name George W. Groswhite

13. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Mahan

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Carter

(b) Address 721 Missouri Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 3-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-21-47 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 721 Missouri Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1947 hour 7 minute 20 P. A. M.

21. I hereby certify that I attended the deceased from March 20
1947, to March 20, 1947.

that I last saw her alive on March 20, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Duration 1 1/2 hrs

Due to arterio-sclerosis 24 years

Due to essential hypertension 2 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations APP

Of autopsy

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

23. Signature Charles A. Beecher M. D. or other M.D.
Address Columbia, Mo Date signed 3-21-47

Date Filed 3/31/47

District File Number

District Health Officer No. 9,

RECEIVED

APR 21 1947

APR 11 1947

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 W. W. Whitwick

Licensed Embalmer No. 3893

P. O. Address Columbia 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.