

12-45  
5-17-39  
X47070

**FILED JUN 9 1947**  
Registration District No. **3/7**

Primary Registration District No. **3064**

**1. PLACE OF DEATH:**  
(a) County **St. Louis**  
(b) City or town **Ferguson**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**307 Tiffin Avenue, 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **3 days** years, months or days)

**3. (a) PRINT FULL NAME** **George W. Carter**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **709-18-2357**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Carrie M. Carter**  
6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **July 3 1875**  
(Month) (Day) (Year)

**8. AGE:** Years **71** Months **8** Days **30**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Rutledge, Missouri**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Agent & Telegrapher (Santa**

**11. Industry or business** **Railway**  
**12. Name** **Squire B. Carter**  
**13. Birthplace** **Virginia**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Caroline V. Carter**  
**15. Birthplace** **Virginia**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Carrie M. Carter**  
**(b) Address** **Carrollton, Missouri**  
**17. (a) Removal** **6/2/47.**  
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation **Rutledge, Missouri.**

**18. (a) Signature of funeral director** **White Funeral Home**  
**(b) Address** **Ferguson, Missouri.**  
**19. (a) 6-3-47** **(b) Cecil J. [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Carroll**  
(c) City or town **Carrollton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **509 W. Benton Street,**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **1**  
year **1947** hour **6** minute **P.** M.  
**21. I hereby certify that I attended the deceased from 5-30-47**  
\_\_\_\_\_, 19\_\_\_\_, to **6-2-47**, 19\_\_\_\_;  
that I last saw him alive on **6-1-47**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular hemorrhage**  
Due to **Cerebral arteriosclerosis**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_  
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 \_\_\_\_\_

**23. Signature** **William G. Kasper** (M. D. or other)  
**Address** **8201 W. Belmont St. St. Louis** Date signed **6/2/47**

**Duration**  
**36 hrs.**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

JUN 30 1947

APR 5 1948

JUN 10 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 *L. M. Shute*

Licensed Embalmer No. *3973*

P. O. Address *Jerguson, 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.