No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

Registration District No. 98

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 227205

Primary Registration District No. 5361

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: Carlow Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Jackson Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Village of Carlow
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Cordelia Jane 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 2 Widowed

6. (b) Name of husband or wife Nathan S. Carter

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

7. Birth date of deceased Sept. 30 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	10	16	hr. min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Elisha J. Martin
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Martin
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John McKown
(b) Address Lock Springs Missouri

17. (a) Burial (b) Date thereof 8-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri

19. (a) 8-27-47 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1947 to Aug 16, 1947
that I last saw her alive on Aug 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Degeneration (Senile)	5 yrs.
Due to Myocardial Degeneration (Senile)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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 Floyd E. Nelson (M. D. or other)

Address Gallatin, Mo Date signed 8-16-49

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, Mo.

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.