

S. No. 2  
M-5-43  
v. 5-17-39  
p. 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33677  
Registrar's No. 265

FILED OCT 16 1947  
Registration District No. 163

Primary Registration District No. 5120

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:  
Route 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 Years  
(Specify whether years, months or days)

In this community 83 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EMMA 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 Joel W. Carter

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

7. Birth date of deceased 8 - 3 - 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 2 0 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name R.L. Keene

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

14. Maiden name Martha Hanna

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

16. (a) Informant Mrs. W.M. Dinwiddie

(b) Address Route 6, Columbia, Mo.

17. (a) Burial (b) Date thereof 10-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barren Funeral Service  
Columbia, Mo.

(b) Address

19. (a) 10-8-47 (b) Mrs R. E. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. Route 6  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3  
year 1947 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan 31  
1947 to Oct 3 1947  
that I last saw her alive on Oct 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
by perfusive heart  
disease

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: 930

Of operations

Of autopsy

Duration

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?

While at work? No (Specify type of place) (c) Means of injury

23. Signature Barren (M. D. or other)  
Address Columbia Mo Date signed 10/6/47

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed OCT 14 1947

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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..... *Thas L. Haring* .....  
Licensed Embalmer No. *4132* .....  
P. O. Address..... *Columbia, 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.