

S. No. 2  
-12-45  
5-17-39  
I X47070

FILED APR 26 1948  
Registration District No. 283

Primary Registration District No. 3037

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME Lida Mae Carter

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Clinton Carter

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 29 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt Vernon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Fossett

13. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Carolyn C Fossett

15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant H. D. Fossett

(b) Address Mt Vernon, Mo.

17. (a) Burial (b) Date thereof Mar 16 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Mt Vernon Mo

18. (a) Signature of funeral director Max J. Fossett

(b) Address Mt Vernon Mo

19. (a) 4-1-48 (b) C. R. Phillips  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14<sup>th</sup>  
year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from August, 1948, to March 14, 1948; that I last saw her alive on March 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death coronary artery atherosclerosis

Due to coronary sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death is 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? 0

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature A. J. Graves (M. D. or other) MD

Address Mt Vernon, Mo Date signed 3/16/48

RECEIVED

District Health Officer No. 6,

District File Number 448-495-

Date Filed APR 23 1948

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.....

*By me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Max L Fossett*.....

Licensed Embalmer No. *4252*.....

P. O. Address *M Vernon, 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.