S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

Registration District No. 200

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 13302

Registrar's No. 314

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Macon, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME J. W. Carter
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M. C
5. Color or race W
6. (a) Single, widowed, married, divorced ✓ M
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business .....

FATHER
12. Name John Carter
13. Birthplace ~~Mary Long~~ Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Long
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Carter
(b) Address Macon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Stephens & Goodman
(b) Address Macon, Mo
19. (a) 5-1-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) found dead in bed
(b) Date of occurrence 3-11-48
(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? at home (Specify type of place)
While at work? ..... (e) Means of injury ✓
23. Signature [illegible] (M. D. or other)
Address Bevier, Mo Date signed 3/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 41-857
Date Filed MAY 12 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 James C. Coleman Registered Apprentice No. 515 working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.