

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18727

FILED JUL 10 1948

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 709

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2404 Patee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community 60 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2404 Patee Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Perry Martin Carder

3. (b) If veteran, name war None

3. (c) Social Security No. 488-14-9660

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorcas Carder

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

7. Birth date of deceased September 16 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Furniture Salesman

11. Industry or business Enterprise Furniture Co.

12. Name Matthew Carder

13. Birthplace Bowling Green Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dorcas Carder

(b) Address 2404 Patee St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (e) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 7-8-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 15th 1948 to July 2nd 1948 ;
that I last saw him alive on July 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Stomach due to ulcers Duration

Due to Ulcers of Stomach

Due to Chronic Myocarditis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations MI Of autopsy MI

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? (Specify type of place) (c) Means of injury _____

23. Signature B. W. Tadlock (M. D. or other) Address KING HILL BLDG Date signed 7/3/48

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

MOTHER, FATHER

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 *Albert E. Harrington*
Licensed Embalmer No. *3258 Missouri*
P. O. Address *St. Joseph, 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.