S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

Registration District No. 170

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 19954

Registrar's No. 53

1. PLACE OF DEATH:
(a) County: La clede
(b) City or town: Lebanon, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 N. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 60 yrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 710 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William H. Carter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Frankie Carter
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: May 23, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	13		hr. min.

9. Birthplace: La clede County (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Far mer
11. Industry or business:
FATHER 12. Name: Alfred Carter
13. Birthplace: Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lucile Mayfield
15. Birthplace: Hazelgreen, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Roy Carter
(b) Address: Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelgreen, Mo.
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon, Mo.
19. (a) 6-7-48 (Date received local registrar) (b) Louis B. Purdy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1948 hour 5 minute 30 A.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: Suicide	
Due to: Shot gun wound	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 164 C
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): Suicide
(b) Date of occurrence: June 5, 1948
(c) Where did injury occur? Lebanon (City or town) Lalcede (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Residence (Specify type of place)
While at work? No. (e) Means of injury: Shot gun
23. Signature: R. A. Palmer (M. D. or other)
Address: Lebanon, Mo Date signed: 6/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

...ed 6/16/48
...de County Health Unit
...le I 6-48-59
...ate Filed 6/16/48

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 84 R. L. Palmer, Registered Apprentice No. ....., working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address .....

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.