S. No. 2
4—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30103

State File No.

FILED OCT 1 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

49
2
5

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1406 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 VIRGINIA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

49
2
5
0

3. (a) PRINT FULL NAME FRANK CARTER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NO RECORD (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
APPROX 69			hr. min.

9. Birthplace ALBA, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED MINER
11. Industry or business NO RECORD

FATHER
12. Name NO RECORD
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NO RECORD
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant JUDGE TOM PHELPS
(b) Address CO. COURT, CARTHAGE, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW, JOPLIN, MO
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 JOPLIN JOPLIN, MO
19. (a) 9-23-48 (Date received local registrar) Elb James (Registrar's signature) By Dorothy Langham

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Sept 10 19 48, to Sept 20 19 48;
that I last saw alive on Sept 18 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations H.O.B.
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)
(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? (Specify type of place)
While at work? (e) Nature of injury

23. Signature Hallett Phillips (M. D. or other) MD
Address Joplin Mo Date signed 9-23-48

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

1380

48-9-801

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.