

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

FILED OCT 13 1948/6
Registration District No.

Primary Registration District No. 6075

State File No.

Registrar's No. 317

1. PLACE OF DEATH:

(a) County. St. Francois

(b) City or town. Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. 1 mos. 6 das.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson 50

(c) City or town. Hematite 8
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 /
(If rural, give location)

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

3. (a) PRINT FULL NAME JESSIE V. CARTER

3. (b) If veteran, name war. No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30
year 1948 hour 7 minute 35 P. M.

4. Sex Female / 5. Color or race White /

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

6. (b) Name of husband or wife. Thomas F. Carter

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

7. Birth date of deceased. November 29 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 30, 1948 19..... to Sept. 30, 1948 19.....
that I last saw h...er alive on Sept. 30, 1948 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 1 wk.

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>10</u>	<u>1</u>	hr. min.

Other conditions. Psychosis with syphilitic meningo encephalitis (general paresis)

Major findings:
Of operations.....

Of autopsy. No autopsy. 30B

9. Birthplace. Paris, Tennessee /
(City, town, or county) (State or foreign country)

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)

11. Industry or business

12. Name. Samuel Howell

13. Birthplace. Nashville, Tennessee /
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Jones

15. Birthplace. Trezevant, Tennessee /
(City, town, or county) (State or foreign country)

Underline the cause of which death should be charged statistically.

PHYSICIAN

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof. 10-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Paducah, Kentucky

18. (a) Signature of funeral director. Roth Funeral Home

(b) Address Paducah, Kentucky

19. (a) 10-7-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature John D. Bernal (M.D. or other) ()
Address State Hwy #4, Farmington, Mo. Date signed 10-1-48

RECEIVED

District Health Officer No. 4

District File Number 1048-12

Date Filed 10-11-

NOV 9 1912

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.