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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35578

Primary Registration District No. 3006

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone Co Hospt O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution min (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Emerson Flats 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eva Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race negro

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife T O Carter

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

7. Birth date of deceased 7. 29. 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	4	3	hr. min.

9. Birthplace Callaway Co (City, town, or county) mo (State or foreign country) 6

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Joe Porter
13. Birthplace Callaway Co (City, town, or county) mo (State or foreign country) 0

MOTHER
14. Maiden name Sallie Johnson
15. Birthplace Callaway Co (City, town, or county) mo (State or foreign country) 0

16. (a) Informant Hattie Buckner

(b) Address 608 ~~Park Ave~~ Brickridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 5 48 (Month) (Day) (Year) mex co mo

(c) Place: burial or cremation Richland Cem

18. (a) Signature of funeral director A. C. Freeman

(b) Address 608 Park Ave Columbia Mo

19. (a) 12-4-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2
year 1948 hour 2 minute 30 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 Tuberculosis of lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy above	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Ward Coroner (~~M.D.~~ or other)

Address Columbia Mo Date signed 12/2/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di[illegible] Health Officer No. 9,
FEB 2 1948
FEB 14 1948 DEC 6 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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.